or removal.

VS. A15ME(5) SM 9/55

1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL	EXAMINER'S	CERTIFICATE	QE	DEATH	1	218
					Reg, Dist, 1	No.

o. COUNTY				2. USUAL RESIDENCE	Where decease	d lived. If institu	tion: Resider	nce before	admission)
	ince George	es	MARYLAND	o. STATE Mary	land	b. COUNT	Pr.	Geo.	
b. CITY OR TOWN (IF and give negres) town!	outside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carp	prote limits, write	RURAL and	give neore	rst town)
Cheverl			D.O.A.	Seat	Pleasar	it			
d. NAME OF HOSPITA	AL OR INSTITUTION (If not in hosp	sital, give street address)	d. STREET ADDRESS				e,	IS RESIDENCE
Princ	e Georges	Genera	1 Hospital	6402	Greig S	Street		Y	ES NO
NAME OF	Fir	st	Middle	Lost	4. DATE	Month	l.	Day	Year
(Type or print)	Thoma	.8	Milton	Adams	DEATH	Novemb	per	9	1957
. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED A B	DATE OF BIRTH		9. AGE (In years	IF UNDER T	YEAR IF	UNDER 24 HE
Male	white	WIDOWED	DIVORCED [8-12-39		18 yes.	Months [Days Ho	Min.
Og. USUAL OCCUPATIO	N (Give kind of work	done 10b. Ki	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stot	e or foreign co		12. CITIZ	EN OF W	HAT COUNT
during most of working Shipping	Clerk	I	rug Store	N. Car	olina			U.S.	.A.
3. FATHER'S NAME		1.		14. MOTHER'S MAIDEN	NAME		-!		
Paul	B. Adams			Ele	moor B.	Glisbio			
5. WAS DECEASED EVE	R IN U. S. ARMED FO		OCIAL SECURITY NO. 17. H	NFORMANT		Address			
No. no. or unknown)	(If yes, give war or dates of	service		Paul B. Adam	s: same				
	TH [Enter only one cau	un par lina f						INTERVAL	RETWEEN
	H WAS CAUSED BY:	New Prov. strike st						INTERVAL ONSET AN	DEATH
FANT IS DEAR	IMMEDIATE CAUSE (0)		Hemorrhage a	nd shock					
210 X	DUE TO							1	
Conditions, if a	ny, which) (b)		Fracture of :	facial bones	and de	en lacer	ration		
gove rise to immed								1	
(o), stating the s	inderlying	of sk	in and underl	ving structu	res.				
PART II. OTH			NTRIBUTING TO DEATH BUT N			CONDITION GIV	EN IN PART		
3								YES	ERFORMED?
								- 1	
20a. EXTERNAL CAU	SE WAS 20	16. DESCRIBE	HOW INJURY OCCURRED. (E	nier noture of Injury in Po	rt Cor Port II e	of item 18.1			
20a. EXTERNAL CAU PRIMARY 20 or CON CAUSE OF DEATH.	SE WAS	-	HOW INJURY OCCURRED. (E					nsole.	
. 1		Pass	senger in an a	utomobile in	collia	sion with			(Stole
	Y Month, Day, Yeo	Pass or 20d. In While	cenger in an a		collis	sion with	(Cour	nty)	
20c. TIME OF INJUR Hoyr XX 5.25 p. m.	Y Month, Day, Yes	Pass or 20d. IN While of wor	Senger in an & NJURY OCCURRED Not while t of work Hi	utomobile in CE OF INJURY (Home, for ory, street, office bldg., en ghway	m, 20f. (City	sion with or town) Bowie	Cour	nty)	Nd.
20c. TIME OF INJUR Hoye XX 5.25 p. m.	Y Month, Day, Yes	Pass or 20d. IN While of wor	Senger in an a	utomobile in CE OF INJURY (Home, for ory, street, office bldg., en ghway	m, 20f. (City	sion with or town) Bowie	Cour	nty)	Nd.
20c. TIME OF INJURY Hour XX 5.25 p.m. 21. I certify th	Month, Day, Yes	Pass or 20d. It While 57 of wor	Senger in an & NJURY OCCURRED Not while t of work Hi	utomobile in CE OF INJURY (Home, for ory, street, office bldg., eh ghway ve, held an Autop	collis m, 20f. (City c.) Nr.	sion with or town) Bowie	Cour Pr. Ge Inquir	(O	Nd.
20c. TIME OF INJURA Hour XX 5.25 p.m. 21. I certify th	Month, Day, Yes	Pass or 20d. It While 57 of wor	Senger in an a NURY OCCURRED 20e. PLAN hot while to dr work The High amains described abo	utomobile in CE OF INJURY (Home, for ory, street, office bldg., eh ghway ve, held an Autop	collis m, 20f. (City c.) Nr.	sion with or town) Bowie 1 spection 1.	Cour Pr. Ge Inquir	onty)	Nd nd find ti
20c. TIME OF INJURE Hour XX 5.25 p.m. 21. I certify the death resulted	Month, Day, Yes	Pass or 20d. It While 57 of wor	Senger in an a NURY OCCURRED 20e. PLAN hot while to dr work The High amains described abo	utomobile in CE OF INJURY (Home, for ory, street, office bldg., et ghway ve, held an Autop cide, Homicid	collism, 20f. (City c.) Nr.	sion with or town) Bowie 1 spection 1.	Cour Pr. Ge Inquir	onty)	Nd.
20c. TIME OF INJURE 10 T	Month, Day, Yes	Pass or 20d. It While 57 of wor	Senger in an a NURY OCCURRED 20e. PLAN hot while to dr work The High amains described abo	utomobile in CE OF INJURY (Home, for ory, street, office bldg., eh ghway ve, held an Autop cide, Homicid	collism. 20f. (City c.) Nr. sy , In e , Un	Bion with or town) Bowie I spection I determined co	Cour Pr. Ge Inquir	onty)	nd find th
20c. TIME OF INJURE Hoyr LACTUAL SIGNATURE EXAMINER'S	Month, Day, Yes 17—9— 19 at 1 took charge from: Natural	Pass 20d. If While 57 of wor causes	Senger in an & SUURY OCCURRED 20e. PLAI foch work of the mains described abo	utomobile in CE OF INJURY (Home, for ory, street, office bldg., et ghway ve, held an Autop cide, HomicidM.D. CHIEF MEDICAL E	collism, 20f. (Ciry Nr. sy , In e Un	Bion with or town) Bowie I spection I determined co	(Court	niy) O • / K., a	Md.
20c. TIME OF INJUR 10c. TIME OF	Month, Day, Yes 17-9- 19 at I took charge from: Natural	Pass or 20d. In 57 of the re causes	NULLY OCCURRED 20e. PLAI foct while at work the emains described abo Accident K, Sui	utomobile in CE OF INJURY (Home, for ory, street, office bldg., en ghway ve, held an Autop cide, Homicid M.D. CHIEF MEDICAL E ASSISTANT MEDIC DEPUTY MEDICAL	collism, 20f. (City Nr. sy , In e , Un CAL EXAMINER CEXAMINER CEXA	Bowie Spection D. determined co	Pr. Ge Inquir) ause	1957	Md. nd find th
20c. TIME OF INJURE Hoyr LACTUAL SIGNATURE EXAMINER'S	Month, Day, Yes 17-9- 19 at I took charge from: Natural John T. Mal N, 122b. Date Therec	Pass or 20d. In 57 of the re causes oney.	Senger in an & SUURY OCCURRED 20e. PLAI foch work of the mains described abo	utomobile in CE OF INJURY (Home, for ory, street, office bldg., en ghway ve, held an Autop cide, Homicid M.D. CHIEF MEDICAL E ASSISTANT MEDIC DEPUTY MEDICAL	collism, 20f. (City Nr. sy , In e , Un CAL EXAMINER CEXAMINER CEXA	Bion with or town) Bowie I spection I determined co	(County)	1957	Md.
20c. TIME OF INJURE Hoye XX 5.25 p. m. 21. I certify the death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) 20. BURIAL, CREMATIO	Month, Day, Yes 17-9- 19 at I took charge from: Natural John T. Mal N. 122b. DATE THERECTION 11/10	Pass or 20d. In 57 of the re causes oney.	NULLY OCCURRED 20e. PLAI foct while at work the emains described abo Accident K, Sui	utomobile in CE OF INJURY (Home, for ory, street, office bldg., eh ghway ve, held an Autop cide, HomicidM.D. CHIEF MEDICAL E ASSISTANT MEDIC DEPUTY MEDICAL CREMATORY	collism, 20f. (City Nr. sy , In e , Un CAL EXAMINER CEXAMINER CEXA	Bowie Spection Spection Adetermined of Noticity, town, of Georgi	(County)	1957	Md. nd find 1
20c. TIME OF INJURE Hour XX 5.25 p. m. 21. I certify the death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) To BURIAL, CREMATION CHINERAL DIRECTOR	Month, Day, Yes 11-9- 19 11-9- 19 10 took charge from: Natural 10 hn T. Mal N. 22b. Date THEEC 10 n 11/10 S SIGNATURE	Pass or 20d. Ith White 57 of the re causes oney.	NULLY OCCURRED 200- PLAN Not while of work him emains described about the mains described about	utomobile in CE OF INJURY (Home, for ory, street, office bidg., eh ghway ve, held an Autop cide, Homicid M.D. CHIEF MEDICAL E	collism, 20f. (City Nr. sy, In e, Un examiner CAL EXAMINER 22d. LOCAT	Bowie Spection Spection Adetermined of Noticity, town, of Georgi	(County)	1957	Md. nd find t
20c. TIME OF INJUST Hour James 21. I certify the death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) D. BURIAL, CREMATION FUNERAL DIRECTOR'S TOP TO THE STATE OF THE STATE	Month, Day, Yes 17-9- 19 at I took charge from: Natural John T. Mal N. 122b. DATE THERECTION 11/10	Pass or 20d. Ith White 57 of the re causes oney.	Senger in an & NURY OCCURRED 20e. PLAI foch Hi emains described abo Accident K, Sui M.D. 22c. NAME OF CEMETERY OR Hartwell	utomobile in CE OF INJURY (Home, for ory, street, office bidg., eh ghway ve, held an Autop cide, Homicid M.D. CHIEF MEDICAL E	collism, 20f. (City Nr. sy, In e, Un examiner CAL EXAMINER 22d. LOCAT	Bowie Spection Spection Adetermined of Noticity, town, of Georgi	(County)	1957	Md. nd find t

2-14 A ST DESS INCHES A ST ST The Marie of the Control of the Cont a District, no. Increscon I show in your sec.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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FUNERAL DIRECTOR: A goge 3 should be detach the registrar prior to burn

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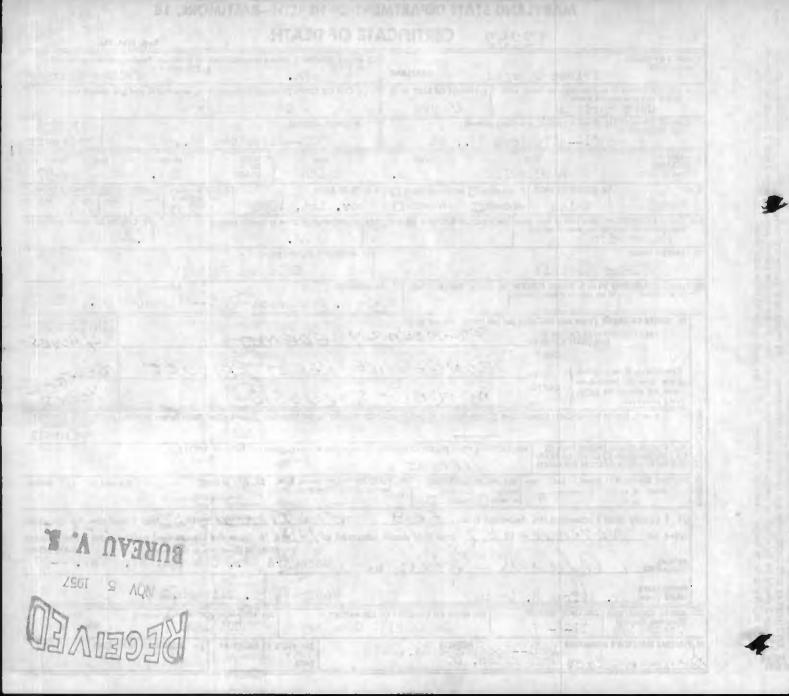
07

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 12252

Rea. Dist. No.

1. PLACE OF DEATH				2	USUAL RESIDENCE (W	hera decesse			nce befor	re admiss	ion)
0. 000111	Prince Ge	orge	B MARYLI	AND	Md.		b. COUNT	P	rince	e Geo	rges
b. CITY OR TOWN RURAL and give	(If outside corporate limit	ls, write	c. LENGTH OF STAY IN	4 1b	E. CITY OR TOWN (IF	outside corpo	prote limits, write	RURAL ond	give neo	arest tawn	1)
Camp	Springs		65 yrs		XZ Ca	mp Sp:	rings				
d. NAME OF HOSP OR INSTITUTION					d. STREET ADDRESS					e. IS RES	FARM?
	6301Aller	ntown	Rd., SE		6301A	llente	own Rd.,	SE			NOKK
3. NAME OF DECEASED (Type or print)	MARG I		Mid dle	В.	ALLEN	4. DATE OF DEATH		nih	4th	,	Yeor 19 57
5. SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARRIED	8.8	ATE OF BIRTH		P. AGE (In years		RIYEAR		ER 24 HRS.
Female	White	WIDOWE			Now. 1st, 1	892	lost birthdoy)	Months	Days	Hours	Min.
nouse	ION (Give kind of work rking life, even if retired vife	done 10b.	KIND OF BUSINESS OR	INDUSTR	11. BIRTHPLACE (Stote Md.	or foreign c	ountry)	-		F WHAT	COUNTR
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN I	NAME					
Jol	nn Marshall				E11	a Mae	Duckett				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFC				dress			-
				Viol	a M. Patter	son 6	301A11	entow	m Rd	l., S	E
PART I. DE	immediate ()	PULMON		Y EDE		AILUR	20	ONS		DEATH
lying cause lost. DUE TO MITRAL STENOSIS								1	EA	25.	
3	THER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H 8UT NO	T RELATED TO THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PAI	RT 1(a) 11	PERFO	AUTOPSY RMED?
4	AS UNDERLYING GOOD CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	NON &		inter nature of injury in	Port I or Por	t II of item 18.)				
20c. TIME OF INJU Hour o. ft. p. m.	RY Month, Day, Yes	white of work	Not while	0e. PLACE factors	OF INJURY (Home, farm , street, office bldg., atc	n, 20f. (City	or town)		County)		(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		2 12 £	2 aper		Woodya	OM, from ADDRESS (Se rd Rd.	n the causes freel, city or town, Clinto	ond on to stole) n, Md	he dat	le state	ed above
Crematio		F	Cedar		Cemetery		nion (City, town, uitland	or county)		(Stole	:)
23 JUNERAL DIRECTO	S'S SIGNATURE 1661	G9	od hope Rd.	, SE	10 d ann	D 8Y REGIST	RAR 245. REG	STRAR'S SI	GNATUR	E	0 112



FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ha the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 m² is retained for your files. Funeral Director: Page 3 should be used as a build-transit permit. File pages 1 and 2 war, the State Board of Health, for its designated agent, prior to buriol, cremotion, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 , 12195 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

PLACE OF DEATH					2. USUAL RESIDENCE (V	Vhere deceas	ed lived. If instit	ution: Resid	ence be	fore odm	ision)
a. COUNTY P	rince Geor	ges	MARYLA	IND	o. STATE Mary	land	b, COUN	TY Pr	Co	0	
	l'outside corporate limits, write I		c. LENGTH OF STAY IN	1b	c. CITY OF TOWN (IF		porote limits, write	RURAL or	d give n	earest to	wn)
100	iverdale		15 days		15 Hyatt	tsvil	le				
		not in hos	pital, give street address)		d STREET ADDRESS				-		CSIDENCE
Leland	Memorial	Hosp	oital		8200 Add	elph1	Road				NO NO
3. NAME OF DECEASED	First		Middle		Lost	4. DATE	Mon	th	Day	Y	feor
(Type or print)	Irene		Gertrude		Angelier	DEATH	Novemb	er	7	, 1	9 57
5. SEX		- MARRIE	ED A NEVER MARRIED	8.0			9. AGE (In years lost builday)	-		-	ER 24 HRS.
Female	The second secon	WIDOWE	tuni tuni		10-13-90	3.	67 yrs.	Months	Days	Hours	Min.
100. USUAL OCCUPATIO	ON (Give kind of work do	na 10b. K	Own home	DUSTRY	11. BIRTHPLACE (Stote	or foreign c	ountry)	12. CI	IZEN O	F WHAT	COUNTRY
Housewill	е	1	Own home		Marylar	nd			U.S	.A.	
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN N	NAME	• • •			Α,	
Jo	hn Schleigh				K:	ate Mo	rgan				
15. WAS DECEASED EV	ER IN U. S. ARMED FORCE		SOCIAL SECURITY NO.	17. INF	DRMANT	000 E	Addres	1		-	100
[Yee, no, or unknown]	(If yes, give wer or dates of ser	rvica]	none	He	spital Re	ecords	3			150	
NO DEA	TH Enter only one course	per line	for (a), (b), and (c),)	_					INZE	EVAL SELWI	MEN
111111111111111111111111111111111111111	TH WAS CAUSED BY:								ONS	ET AND DE	ATH
FA	IMMEDIATE CAUSE (0)	Co	ronary occli	1510	n 2-3 minut	es alt	er opera	tion		-13	-
5842	DUE TO				-	4				1 33	-
Conditions, if a		Ar	teriosclerot	cie	heart disea	36			1	YES	rs
(o), stoling the										lay.	
couse lost.) (c)		elecyntitis						1		ears
PART II. OTH	HER SIGNIFICANT CONDI	TIONS CO	INTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERMI	INAL DISEASI	CONDITION GI	VEN IN PA	RT 1(o) 1		AUTOPSY S
5										YES 🗌	NO 🖃
PART II. OTH	USE WAS NTRIBUTING [] 206.	DESCRIB	E HOW INJURY OCCURRE	ED. (Ente	er nature of injury in Par	t i or Part II	of item 18.)				
3 20c. TIME OF INJU	RY Month, Doy, Year	20d. I	NJURY OCCURRED 20e	PLACE	OF INJURY (Home, form	, 201. (City	or town)	(Ce	unty)		(Stote)
20c. TIME OF INJU	10	White		factory	, street, office bldg., etc.)		, =			, ,
					hald as Autori				700	-	
			remains described				-		гу 🔏		d in my
opinion death	resulted from: No	aturol o	couses 🔼, Accide	nt [, Suicide ,	Hamicide	Undet	ermined	manne	er 📙	
ACTUAL O	-/ > Ind	1	,							DATE S	IGNED
SIGNATURE	ohn U.M	ale	ney		M.D. CHIEF MEDICAL E	_				UNIT I	
EXAMINER'S			1		ASSISTANT MEDIC	AL EXAMINE	R 🔲				
NAME (Type)	John T. Me	alon	ey, M.D.		DEPUTY MEDICAL	EXAMINER D	Nov	embe:	r 7	. 13	57
220. BURIAL, CREMATIC	ON. 226. DATE THEREOF		22c. NAME OF CEMETER			22d LOGAT	TION-(City, town,	or county)	1	Stot	0).
BURIAL	11/11/57		Ft. Lincoln	Ceme	etery	Princ	e George	Coun	ty,	Md.	
23. FUNERAL DIRECTOR	SIGNATURE		ADDRESS		240. REC*	D BY REGIST	RAR - 246. REG	STRAR'S ST	GNATU	REST	
warner &	5. Tumphe	My,	Silver Spr	ing	Md. Min	112	1921	4	1		

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BUREAU V. E.

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BECEIVED

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CERTIFICATE OF DEATH

Reg. Dist. No.

1	Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Maryland Prince Georges
_	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
7	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. 1S RESIDENCE ON A FARM?
	Prince Georges General	
	3. NAME OF First Middle DECEASED (Type or priot) William E	Austin 4. Date Month Day Year Of Death November 22 19 57
	Male White WIDOWED DIVORCED TO	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Months Days Months Month
1	10a. USUAL OCCUPATION (Give kind of work done during most of working tife, even if retired) Carpenter	Birmingham, Alabama 12. CITIZEN OF WHAT COUNTRY: U.S.
	Archie L Austin	Mary Ann Mosley
1	(You no or unknown) . (If you nive was as dated of service)	ary Ann Austin-Suitland, Md.
0	Conditions, if any, which gave rise to immediate cause (a), stating the under lying cause tost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D
		D. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for Month of the p. m. 19 of work of the of work of the p. m.	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) clary, street, affice bldg., etc.)
/	ACTUAL HELING R. Wolfe PHYSICIAN'S	n accurred at 6:30P M, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED M.D. 9US SHER DAY ST. 1123/37
	NAME (Type) Dr. Henry Wolfe 270. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	(5,000)
	Buryan (Specify) 11-27-57 Arlington	National Arlington. Va.
0	23. FUNERAL DIRECTOR'S SIGNATURE HOME Washing	ton D. C. DATENOV 2 6 '57 Cloreduch

filled in by the funeral director, iges I and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or altending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample, age 3 should be detached for use as the buriof-transit permit. Then please remaye carbon papers the registrar prior to buriof, cremation, or remayof, and in any event within 72 hours after death.

BUREAU V. E.

10A SL 1021



hours after death,

executed within

death certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Z .V U. V. S.

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则通知雪空间

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12253 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12194

Reg. Dist. No. I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) m. COUNTY b COUNTPrince George's Prince George 's # MARYLAND b CITY OR TOWN (1 putside corporate limits we a flura. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown) and give repress town) Forestville Clinton d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FAPN : 8200 Marlboro Pike S.E. Route # YES NO Book NAME OF First Middle 4. DATE Manth Yeor DECEASED OF Chaster Earl November (Type or print) Barnes DEATH 19 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 18. DATE OF BIRTH 9 AGE IN years IF UNDER TYFAR IF UNDER 24 HES Months Hours WIDOWED [7 Male White DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? Salesman Real Estate Michigan S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nellie Kaller Thomas W. Barnes 15. WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Seabrook Acres. Md. Chester E. Barnes Jr. 185 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Goronary thrombosis **DUE TO** Conditions, if ony, which Cardiovascular renal disease gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS Y PERFORMED? NO [200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Hame, form, 120f. (City or lown) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) factory, street, office bldg., etc.) n m at work of work D m. 21. I certify that I took charge of the remains described above, held on Autopsy [3], Inspection , Inquiry , opin on death resulted from: Notural causes 🛨 Accident 🗐, Suicide , Homicide , Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINERY DEPUTY MEDICAL EXAMINER -NOvember 5. 1957 NAME (Type) 220 BURIAL CREMATION 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town or county) Cedar Hill Suitland, Md. 23 FUNERAL DIRECTOR ADDRESS SIGNATURE 24o, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

VS A15ME 5M 2 57

MON 6 125.

19954

CERTIFICATE OF DEATH

1			TMINE	/ X							K	eg, Dist.	No. d	42
)	1. 9	COUNTY Prin	ce George	¹s	MAR	YLAND	2 USUAL RE	SIDENCE (W	here decease	d lived. If in	ritution:	Residence t	Ge 01	ssion)
	t	RURAL and give re Bowie, Ma	outside corporate limit arest town) cryland	ls, write	c. LENGTH OF STAY	(IN 16	c. CITY O			orote limits, w larylar		AL and give	nearest lo	vn)
		OR INSTITUTION	At (if not in hospitol, g		(rural)		/d STREET Bowie		Track	Road	(ru	ral)	ON	SIDENCE A FARM?
		NAME OF DECEASED (Type or print)	Howard		Eugene	•	Beal	ost L	4. DATE OF DEATH	ı	Month love	mber	18,	Yeor 19 57.
	S. S	male	6. COLOR OR RACE white	7. MARI	RIED NEVER MARR		Oct	_	.884	9. AGE (In y		UNDER 1 Y		
1	100	usual occupation during most of work	N (Give kind of work oing life, even if retired)		KIND OF BUSINESS (OR INDUS	TRY 11, BIRTH	PLACE (Short		country)			S A	T COUNTRY
	13.	FATHER'S NAME	ank Beall				14 MOTHER Ali		NAME Deva	ughn				
2	15. (Yes		R IN U. S. ARMED FOR IT yes, give wor or dates of st NO	orvies)	SOCIAL SECURITY NO.		FORMANT Beatri	ice Be	all	Bowie,	Address Ma		d.	
	ION	PART I DEA / 77 X Conditions, if or gove rise to it couse (o), stating lying couse lost,	mmediate (DUE TO	, Cor	needly i	1 S.	LUIL.	te,		SE CONDITIO	N GIVEN		NTERVAL I	D DEATH
,	L CERTIFICATION	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY	OCCURRED	. (Enter noture	of injury in	Port I ar Po	rt II of ilem 18)		YES [] NO (<u>j</u>)
	MEDICAL	20c TIME OF INJUR Hour e.m. p.m.	Y Month, Day, Yeo	While	INJURY OCCURRED Not while rk 0 work	20e PLA foci	CE OF INJURY ory, street, aff	(Home, for ice bldg , et	m. 20f. (Cit c.)	y or town)		(Cou	ity)	(State)
I		ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at lattended the	19.5 6.6 Mc C	eney and tha		A.D	ROBE	M, fra ADDRESS (S RT S MAIN S EL, ME	Street, city or to MCCENE ST.	es and own, slo Y M	i an the	date sta	pate signer
		BUTIAL (Specify)					crematory oln Cer		y Co	olmar	Mano	r, Md	١.	ote)
	23.	FUNERAL DIRECTOR	S SIGNATURE	Hvat	ADDRESS	Md.	1	246, REC	D ANJREDIE	1138 / 24b.		AR'S SIGNA		0.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplely the figure of the standard of the companient of the please remove carbon papers for registrar prior to burial, crematian, ar remaval, and in any event within 72 hours offer death. VS A1S (4) 15M 9/S5

filled in by the funeral director, ages 1 and 2 shauld be filed with

BALEVA A. z.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12196

o. COUNTY o. STATE	Reg. Dist. No.
	reased lived. If institutions Residence before admission)
Prince Gentre Martane Parish	b. county Prince Gunge
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside	corporate limits, write RURAL and give nearest fown)
RURAL ond give neorest town)	
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d. STREET ADDRESS	e. IS RESIDENCE
OR INSTITUTION	ON A FARM? YES NO
NAME OF First Middle Lost 4. D/DECEASED 4. D/O	ATE Month Day 19 Year
(Type or print) Clive F1 to ce Peall Di	ATH Nove ber 3007 1957
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IN UNDER 24 HRS.
WIDOWED DIVORCED	lost birthdoy) Months Days Hours Min,
o USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 13 BIRTHPLACE (Stole or fore during most of working life, even if relired)	ign country) 12. CITIZEN OF WHAT COUNTR
Clark Dort of Lavy Poltsville, 11	armand U. 3. 1.
FATHER'S NAME	
loogs 1 : Paul 1	p•
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 HIFORMANT	Address 2 4
(et no or unknown) [Iff yes, give war or dates of service]	eall Boltonoon Mr
[18. CAUSE OF DEATH [Enter only one couse per limerfor (a), (b), and (c)]	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY:	O A O CO ONSETMANDIDERTH
IMMEDIATE CAUSE (o)	er accident 100
4630 DUE TO BOTO	n. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Conditions, if ony, which gove rise to immediate (b)	en al Illeberg + me
couse (o), stoting the under DUE TO	
lying couse lost (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DI 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 of OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES NO
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I o	r Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f	(City or town) (County) (Stote)
Hour a.m. While Not while foctory, street, office bldg, etc.)	1
	1000 = 7
21. I certify that I attended the deceased from	125 ,that I last saw the decease
	from the causes and an the date stated above
	SS (Street, city or town, state) DATE SIGN
	110 1 1/1/2
ACTUAL SIGNATURE M.D. La	and to provide the format of the contract of t
SIGNATURE M.D. La	
ACTUAL AND MARCHAN AT A	
ACTUAL SIGNATURE M.D. TO A	9CATION (C'ty town, or county) (Stole)
ACTUAL SIGNATURE M.D. TO BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR GREMATORY 22d I	OCATION (C'ty town, or county) (Stole)
ACTUAL SIGNATURE M.D. TO COMME (Type) NAME (Type) RE BURIAL CREMATION 12th DATE THEREOF 12th NAME OF CEMETERY OR CREMATORY 12th NAME (Type)	Selteville, Mangle

filled in by the funeral director, bges 1 and 2 shauldther filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page. may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed go 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers for egistrar prior ta burial, crematian, at remayal, and in any event within 72 hours after death.

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VS A15 (4) 15M 9/55

BUREAU V. S.

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DBARRED

VS A15 (4) 15M 9/55 **CERTIFICATE OF DEATH**

Reg. Dist. No.

1	PLACE OF DEATH o. COUNTY Prince Georges	MARYLAND	- 11	STATE Maryl		d lived. Il institu b. COUN	rion Resider	Georg	admission)
Г	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly	c. LENGTH OF STAY IN 16		Cottag	(If autside corpo	orate limits, write			
	d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION PRINCE GENERAL GENE	al Hospital	\$	d. STREET ADDRESS		burg R	d	•	IS RESIDENCE ON A FARM? YES NO
L	NAME OF First DECEASED (Type or print) Chairles	Middle E		ell lost	4. DATE OF DEATH	No	onth V	9 Day	Year 19 57
	Male White WIDOW		5	TE OF BIRTH		9. AGE (In year birthdoy ye	Months	Doys Doys	F UNDER 24 HRS Hours Min
1	JUSUAL OCCUPATION (Give kind of work dane 10b.	Retired		Mary	land	country)	12. CI		WHAT COUNTRY/
13.	FATHER'S NAME William Bell		14	. MOTHER'S MAIDE A		Gosnell			
15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	Ide			A	dress Mar	ylar	ıd.
	18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		romb	osis				ONSE	TAND DEATH
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. (c)	Hypertersion Arterio scel	eros	is					
CERTIFICATION	Part II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT	RELATED TO THE TE	RMINAL DISEAS	E CONDITION C	IVEN IN PAR		PERFORMED?
	20a. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Er	ter nature of injury	in Part I or Po	t II of item 18.)			
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. I Haur a. ft. p. m. 19 Ot war	Not white	PLACE (factory,	OF INJURY (Home, F street, office bldg.,	arm, 20f. (Cit	y or tawn)	(4	County)	(Stole)
	21. I certify that I attended the deceas								w the deceased
	ACTUAL SIGNATURE dans Ma	June of that dea	_M.D.		ADDRESS (S	n the causes treet, city ar tow lende	n, state)	he date	pate signed
	PHYSICIAN'S Louis W Jimai			C	Ma	of a	X,	20,	cla
224	Burial (Specify) Burial (Specify) Nov 11, 195	7 Fort Line				TION (City, town	. , ,	Md.	(Stote)
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 4739		16 a. 240. R	EC'D BY REGIS	157 246. REG	SISTRAR'S SI	GNATURE	

BUREAU V. E.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

MON IS 1957

DECENVED V. S.

12203 **CERTIFICATE OF DEATH** with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) Prince George filed , a STATE Maryland Prince George MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1h c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) the fune should 13 hours Cheverly College Park d. NAME OF HOSPITAL (If not in hospitat, give street address)
OR INSTITUTION d STREET ADDRESS e IS RESIDENCE 4608 Valvert Road Prince George General YES TO NO K NAME OF Middle 4. DAYE Manth Day Year DECEASED 11-8-G7 en D. าชี7 (Type or print) Brown DEATH 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Manths Days Haurs Made White DIVORCED | April 3. 1891 WIDOWEDSE 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? U.S.A. University of Md. Indiana Head of Ind Education 13. FATHER'S NAME after 14. MOTHER'S MAIDEN NAME Dellia Stack Grant Brown IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address College Park, Md. no Mrs Suzette L. Brown 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** any Canditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW, INJURY OCCURRED. (Enter noture of injury in Part I at Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Haur a. h. While Not white of work at work p. m. Ger 19 5 that I last saw the deceased 21. I certify that I attended the deceased from alive on and that death accurred at 2. M, from the causes and an the date stated above. DIRECTOR: ACTUAL SIGNATURE FUNERAL DIR PHYSICIAN'S NAME (Type) Dr. Etienne 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF GREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) National Memorial Park Falls Church Virginia Burial 23. FUNERAT DIRECTOR'S SIGNATURE 1/2 lo and 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

NOV 12 1057

VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

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g pnys	Mas III	uriol-tro	emaval,		
nichorin	rtificate	s the b	in, or r		
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ue nash	R: After	oched f	buriol,		
hay be retained by the haspital or attending physician.	IUMBRAIN INSERTIR: After this certificate has immo signed by the attending physician and campleted filled in by the funeral dire	1266 3 should be detached for use as the burial-transit permit. Then please remove carban papers. 🕶 3cs 1 and 2 should be fitted	registrar prior to buriol, cremotion, or remaval, and in any event within 72 haurs after death.		1
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A COL	5	2016 3	Be Leg		

1	2.000	CERTIFICA	IE OF DEATH	Reg	Dist. No.					
ı	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where decease	ed lived If institution: Re	esidence before admission)					
ı	· COUNTY Inde Carrets	MARYLAND	o. STATE	b. COUNTY	Prince Geroge's					
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp							
	RURAL and give nearest town) Cheverly	11Da 5 Hrs 15	min Hyati	tsmille /						
	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION		d. STREET ADDRESS	/	e. IS RESIDENCE ON A FARM?					
	Trince George's Ger	eral	5213 Carlton T	lerrace	YES NO DE					
1	3. NAME OF First DECEASED	Middle	tast 4. DATE	Month	Day Yeor					
	(Type or print) The SPUT	METI	DEATI	1 Tov	3 19 57					
١	5. SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED 8.	DATE OF BIRTH	9 AGE (In years IF UN Mon	NDER 1 YEAR IF UNDER 24 HRS.					
	Female Mite widowi		Jan 16, 1890	7 yes.						
	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CIT during most of working life, even if retired)									
Ì	A	wn home	Md		USA					
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME							
1	George R Brewing		Ruth Acre							
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) 1 (If yes, give wer or dates at service)		FORMANT	Address	14 =					
			spital records	Cheverly,	Md.					
1	18. CAUSE OF DEATH [Enter only one cause per lie	ne for (o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH					
1	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	VA & Com	12		6/2days					
ı	1'60 X DUE TO	* A A- 1	a.A							
1	Conditions, if any, which (b)	abeles Mel	Releas		54n					
1	couse (o), sloting the under-	. 7- 1	1- 1. 0	•	10					
	lying couse lost (c) (c) Part II. OTHER SIGNIFICANT CONDITIONS	recensure ca	edio Varente	er unane	170525.					
	PART II. OTHER SIGNIFICANT CONDITIONS C	TONING HO DEATH BUT N	OT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED?					
ı	200 ACCIDENT WAS HAIDERIVING TO 1206 DES	COIDE MON INTERVOCCUEDED	(Established as of Jalieu in Book Law De	at 11 of 24 - 10)	YES NO					
ı	PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING D CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	LKIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Pa	ri ii or irem ta.j						
Į		NJURY OCCURRED 20e. PLAC	CE OF INJURY (Hame, form, 20f. (Cit	h or town)	(County) (State)					
ł		Not while toclo	ory, street, office bldg., etc.)	y or lowny	(Coomy) (Store)					
ı			No. 7							
ł	21. I certify that I attended the decease		, 19 <u>54</u> , to <u>No u 3</u>	, 19 <u>.2_/,</u> tho	at I last saw the decease					
ı	alive on Nau 5 195	, and that death o	occurred at 11:45 PM, fro	m the causes and a Street, city or town, state)						
ı	ACTUAL 91 0 1 1	V.101.	0.6124-4/st Que	21	11 12/11/2-					
1	SIGNATURE Jakon W	M.			Na 11/4/2					
ı	PHYSICIAN'S Gorden W. Kel	ley	Hyattsville,	Md.						
	220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 22d LOCA	ATION (City, town, or coul	nty) (State)					
	REMOVAL (Specify) Rurial Nov 6, 1957	Western Cen	netery Bal	timore Ma	ryland.					
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D 8Y REGIS	TRAR 24b, REGISTRAR						
	F. Gasch's ons Hya	attsville, Md.	DATE NOV 7	57 Ruche	Ruch					

BUREAU V. S.

MECEIAEI

12203

		46	112					•		Reg. Dist.	No.	
١.	PLACE OF DEATH					2. USUAL RES	IDENCE (Whe	ere deceased	lived. If institution	n. Residence	before admission)	
	Prince G	em ges			MARYLAND	o. STATE	vland		P. CONVIX	ce Geo	rges	
	b. CITY OR TOWN (II	outside corporate limi	ts, write	c. LENG	TH OF STAY IN 16	c. CITY OR	TOWN (II ou	utside corpo	rote limits, write RL			
	RURAL and give ne					x2 Lan		,				
	d NAME OF HOSPIT	AL (If not in hospital, g	ive street c	iddress)		d. STREET					e. IS RESIDE	NCE
	OR INSTITUTION		_			/ Rt2		77 1	Riverdale	Pd	ON A FA	RM?
_		eorges Gen					Box 2	1	T Aetrare	77/17.	YES N	OM.
3.	NAME OF DECEASED (Type or print)	Shawn	st		Middle	Burke	nst	4. DATE OF DEATH	Mont Nov	rember	20 19	57
5.	SEX	6. COLOR OR RACE	7. MARRI	ED N	EVER MARRIED	8. DATE OF BIR	TH		P. AGE (In years		EAR IF UNDER 2	
31	lale	White	WIDOWE	۵ 🔲	DIVORCED [11_20_	53		lost birthdoy)	Months Do	ys Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF	BUSINESS OR INDI	STRY 11 BIRTHE	LACE (Stole o	or foreign co	untry)	12 CITIZE	N OF WHAT CO	UNTRY
	during most of work	ing life, even if retired	'				Mari	1/1		1	1150	
13.	FATHER'S NAME		-			14 MOTHER	S MAIDEN N	AME	Company (1 2 4	
	Walt	in Bu	16	2		do	110		8/20	7		
		IN U. S. ARMED FOR		SOCIAL SI	ECURITY NO. 1Z.	INFORMANT	. #	1	Addr	BSS /7		C-
Į14	n, no. or unknown)	If yes, give wor or dates of s	ervice)			Krall	alter	130	whe o	Land	lane	The
	18. CAUSE OF DEA	TH [Enter only one co	use per lin	e for (a),	(b), and (c).]	/					INTERVAL SETWI	EEN
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	6. 61	mos	ram &	dema					Se CON CE	AIH
	481X	DUE TO	-	,l	// 1		y'				80-00	
	Canditions, if on	or sublate h		. I.	V. w.d.	C 1/1	ledo.				/	1.
	gave rise to in	nmediote (· · · ·	,	1 1	7 . 1	1		1	1	- Jackson	
	couse (o), stoting t lying couse lost.	he under-	Jan.	1772	um the	to betrea	will !	who	namal	harry	2hps	
Z		ER SIGNIFICANT CON	DITIONS C	ONTRIBUT	TING TO DEATH BU	I NOT RELATED T	O THE TERMIN	MAI DISEASE	CONDITION GIVE	SKIN PART 1/	ol 19 WAS AUT	OPSY
ATION	Von	mitim	- b	env	ucions	ーしずる	A 1 3	nun	JAC.	an the	PERFORME YES N	ED?
CERTIFICA	20g. ACCIDENT WAS	S UNDERLYING CAUSE OF DEATH	20b. DE\$C	RIBE HO	W INJURY OCCURR	D. (Enter noture	of injury in Po	ort I of Part	II of item 18.)		1 100 [] 11	- ф
	(IF EITHER, NOTIFY	MEDICAL EXAMINER) -	}									
ZY.	20c. TIME OF INJURY	Month, Day, Yes		JURY OC		LACE OF INJURY	(Home, form,	20f. [City	or town)	(Cou	nty)	(Stote)
MEDI	Hour g. jı, p. m.	19	While of work		4411110	ciory, arreer, orra	re ordgr, økt.)	'				
	21. I certify the	of I offended the	decease	d from	11-20	5719	, to //	1-70	57, 19	that I lea	t amus tha ala	
	olive on //	21: -57	12									
	Olive Olivedides.		7		ond that deat	occurred of			i the couses of reet, city or town, s			above. SIGNED
	ACTUAL SIGNATURE	33 Vari	9 21	ile-	rin	м.р. 3	1/Chr	بالاريان	ant	Chris	erly V	ud
	PHYSICIAN'S NAME (Type) DI	. Bertha	/anGel	de m	n	300	l Chev	erly	Arve., Che	everly.	Nd.	
220	BURIAL, CREMATION)F	23¢ NA	ME OF CEMETERY	OR CREMATORY			ION (City, lown, o		(Stote)	
	REMOVAL (Specify)	11/23	157	Me	edanie	La. Men	Noch	XU	Realed	The	undla	und
23.	FUNERAL DIRECTOR'S	SIGNATURE	1	ADD	RESS	19 1	24a. REC'D	BY REGISTI	RAR 245 REGIS	TRAR'S SIGN		
/	We Will	Laklani	lelu	n	and	mi	DATE NO	V 26 5	11			
=						7/~					17	

EUERAU V. E.

1997 AS 1957

DEADES 19.



FOR STATE HEALTH DEPT.

Execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 th funeral director. Page 6, should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 more is relained for your files of JNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, 21 its designated agent, prior to burial, cremation, at remaval, and in any every within 72 hours after death.

VS A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12255 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

8 12204 Reg. Dist. No.

,	PLACE OF DEATH	as man from			2 USUAL RESIDENCE (V	Where deceased liv		Residence befor	e odmiss on)
ľ	. COUNTY	rince_Geor	TA#	MARYLAND	o STATE	land	6 COUNTY	Pr. Geo	
	6 CITY OR TOWN (IF a	uls de zarporate limits, write		c LENGTH OF STAY IN Th	c CITY OR TOWN (I	MA	I mits, write RUI	_	. 9
	Silver	Hill		l½ Years		er Hill			
	d NAME OF HOSPITA	L OR INSTITUTION (I	f nat in hosp	etal, g ve street address)	d STREET ADDRESS	··-			IS RE IDEN F
	_3311 Terr	ace Drive			331	l Terrac	e Drive		YES NO A
3.	NAME OF DECEASED	Firs	1	Middle	Lost	4 DATE	Month	Doy	Year
	(Type or print)	James		The second of	Burroughs	DEATH	THE ME WASHINGTON	12,	19 57
5.	SEX		7 MARR EI	NEVER MARRIED	DATE OF BIRTH	Fox	t berinday) 64	UNDER TYEAR IS	TOURS MIN
	Male	white	WIDOWED		10-19-25		32 yrs		
3 100		N (Give kind of work of life, even I retired)	lone 10b KI	ND OF BUSINESS OF INDUSTI	RY 11 B RTHPLACE (Stote	or foreign country	1)		WHAT COUNTRY?
-	Airman		U.S	S.Air Force	Washingto			U.S.	A.
13	FATHER'S NAME	_	1 -		14. MOTHER'S MAIDEN I				
15	Elbo , was deceased eve			OC AL SECHBITY NO. 127 BA	UII	lknown	4.4.		
[74	m, no, er uninown)	If yet, give war at dates of t	(CEST ID 2				Address	_	
-	Currently	Enter only one cou		Aut to de	innie Burrou	gue; sem	e addres	- ,	L EETWEEN
	PART I, DEATH	WAS CAUSED BY-	per attent		ded on				AND DEATH
	1	MMEDIATE CAUSE (0)		Strangula	r Toli				-
	Conditions, if on	DUE TO		Hanging					
	gove rise to immedi	ole couse		Trangung					_
	(a), stating the uncourse tost.	derlying (c)							
Z	PART II, OTH		OITIONS COI	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	NAL DISEASE CON	NOTION GIVEN	IN PART I(a) 19.	WAS AUTOPSY
CERTIFICATION									PERFORMED?
TIFIC	20g. EXTERNAL CAUS PRIMARY D Cor CON CAUSE OF DEATH.	SE WAS 201	DESCRIBE	HOW INJURY OCCURRED (E	nter nature of injury in Par	I or Fort II of He	m 18 }		
- ×	CAUSE OF SEATH.		He	inging. Self e	recution.				
MEDICAL	20c. TIME OF INJUR		r 20d. IN While	Not white focto	E OF INJURY (Home, farming, street, office bldg., etc.	n, 20f (City or to	wn)	(County)	(State)
MEE	7.00 p m.	11-11- 57	of wor	k of work	Home	Silver	Hill, F		Md.
	21. I certify the	at I took charge	of the re	emains described abov	ve, held an Adtops	y 🔲, Inspe	ction 🟋 , 🗆	nquiry 🕱,	and in my
	opinion death r	esulted from: N	latural co	auses 🔲, Accident 🛭], Suicide 📆 🗀	Hamicide 🔲	. Undetermi	ined manner	
	l . contai	/ - \	4 2 2					,	ATE SIGNED
	SIGNATURE -	Bn 1. 1	Marke	L:16.4	M.D CHIEF MEDICALE	Basel			7712 3101120
1	Exchangement # 1			20 00	ASSISTANT MEDIC		Mamamha	- 30 30	nr'a
77	BUR AL CREMATION	John T. Mal		M.D.	DEPUTY MEDICAL		telli, allais	r 12, 19	
220	PEMOVAL (Spec fy)	1/- 15	57	774 NAME OF CEMETERY OF	CREMATORY LY	228 LOCATION	(Cly, town, of el	ounty)	(Stote)
23	FUNERAL DIRECTOR'S	S GNATURE	/ 1	ADDRESS	1/2/1 11C	D BY REGISTRAR	DAS REGISTER	TES SIGNATURE	Assect.
	20.20.0	1 Som	1	517-1121-15	1 SE MA	V 1 / 10	1-7/	. /	1.00
		CAPPUPOVY	رجه		VI AMEDI	A 工程长	in carr	u am	precy

BUREAU V. Z.

1961 A 1957

OBALL STA



Md.

Ł	12256 -CERTIFICA						JF DEAL		Reg. Dist. No.					
1.	PLACE OF DEATH a. COUNTY Prin	nce Georg	es	MAR	RYLAND	2 USU, c. S1	AL RESIDENCE (V	Vhere decease Land	ed lived. If institut b. COUNTY	ian. Reside	nce befo	α	rges	
	b. CITY OR TOWN (IF RURAL and give no	outside carporote limi	ils, write	c. LENGTH OF STA	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
	Ammendale	Beltsvi		PO14 yes	Ammendale Beltsville P.O.									
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Ammendale Normal Institute							Ammendale Normal Insti				tute e. Is residence on a farm?			
3.	NAME OF DECEASED (Type or print)	Brother Micha	el El	hrem He Joseph Ca	ber	ell)	Last	4. DATE OF DEATH	Nove		28t	h,	Year 19 57	
5.	Male Male	6. COLOR OR RACE White	7 MAR	RIED NEVER MARI		8. DATE (PERTH		9 AGE (In years lost birthdoy) 82 yrs.	IF UNDE Manths		Hours	Min.	
100	during most of working Christian	ing lite, even it relired	10	kino of Business	Orde	STRY 11. BIRTHPLACE (Stote or foreign country) er Ireland				USA				
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME														
	James Ca	intwell			Bridget Deevy									
15. (Ye	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address None Records Ammendale Normal Institute													
		yer give wat or dotes of		None		ecor	ds Amme	endal	e Norma.	l ln:	stit	tute		
	18. CAUSE OF DEATH {Enter only one course per line for (o), (b), and (c).} PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) MANUAL CONTROL OF THE CONTROL													
	4:2.1 DUE TO DO A													
	Canditions, If any, which) (b) Welle College C													
	gave rise to immediate cause (a), stating the under: of the state of t													
∑ Z	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(D) 19 WAS AUTOPSY PERFORMED?													
3 Osthully and culdust											YES NO			
CERTIF														
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Hour a. st. While Not while facjary, street, affice bldg., etc.] (County) (State)													
¥.	Hour a. st. p. m. 19 at work													
П	21. I certify that I attended the deceased from 15/4 0 19, ta 1/28, that I last saw the deceased													
	alive an													
	ACTUAL SIGNATURE A MARCHAEL M.D. ADDRESS (Street, city or town, store) CATE SIGNATURE SIGNATURE M.D. ADDRESS (Street, city or town, store)													
	PHYSICIAN J. M. WARREN													
220	BURIAL CREMATION REMOVAL (Specify) BUP181)57	22c. NAME OF CEA			-		Normal					
_	FUNERAL DIRECTOR'S		101	ADDRESS	_oem	erel.	1	TO BY REGIS		STRAR'S SI			ville Ma	
	W.W.Cham		oan y		ale,	Md.		. D 81 KEGIS	KAK Z4D REGI	/		VE.	*****	

TO HOSPITAL OR VS A15 (4) 15M 9/55

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the haspital or attending physician.

***INERAL DIRECTOR: After this certificate has been signed by the attending physician and camply be \(\text{In \text{\tex{

filled in by the funeral director, ages 1 and 2 should be filed with

This

BUREAU V. R.

DECEINED

executed

BUREAU V. E.

2561 31 AUA

BECEINED.

9

after death.

VS A15 (4) ISM 9/55



EUTERU V. E.

VEGI 38 EN



12208

4 35	-		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and complete fulled in by the funeral director, a 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. It gets 1 and 2 should be flightwith registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death:	1.	PLACE OF DEATH	/ free 1
hours after death. in by the funeral and 2 should be fi		b. CITY OR TOWN RURAL and give	
7 7 3	\vdash		vorly
s office 2 she 2 she		d. NAME OF HOSP OR INSTITUTION	
1 P P P P P P P P P P P P P P P P P P P	=		36 7
4 .10	3.	NAME OF DECEASED	
5 di 25 di 2		(Type or print)	7.7
	5.	SEX	6 COLOR
A See A		٦٦	Col
utec aper	100	. USUAL OCCUPAT	ON (Give ki
x S B B C		during most of wo	rking life, evi
one one	13.	FATHER'S NAME	
O HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed will may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete a 3 should be detached for use as the buriol-transit permit. Then please remove corban papers. Any registrar prior to buriol, cremation, or removal, and in any event within 72 haurs after death:		Unknown	
fica ysid ove ove	īs.		
A PER	(Ye	WAS DECEASED EV	(11 yes, give w
ing ing		Mo	
fraging this		18. CAUSE OF DE	
e e e		PART I. DE	ATH WAS CA
the of the or then then then then then then then then		703	5
tho the		Conditions, if	any, which
gned by permit.		gove rise to	immediate
10 P. 10 P. 10	П	couse (a), stating	
one site	1,	lying couse lost.	*
Sysic of bee	ě	PART II. OI	HER SIGNIF
ar de porto de la constante de	₫		
T e t a t a t a t a t a t a t a t a t a t	E	200. ACCIDENT W	AS UNDERLY
The end	MIDICAL CERTIFICATION	OR CONTRIBUTING	MEDICAL E
State 200	3	20c. TIME OF INJU	RY Month,
T Position and a second	ã.	Hour o. n.	1-1
	≥	p. m.	11- 1
ol, ol,		21. I certify t	hat I atte
Sch A dis		alive on_N_e	LL 10
E C A C		//	111
4 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		ACTUAL SIGNATURE	1
O E P			
SPITAL OR ATTENDING PHYSICIAN: The law requestional by the hospital or attending physician. IERAL DIRECTOR: After this certificate has been significant be detached for use as the buriol-transitialistrar prior to burial, cremation, or removal, and		PHYSICIAN'S P	ETE
HOSPITAL OR ATTENDING PHYSICIAN: The law remains by the hospital or affending physician by the hospital or affending physician culture. By the this certificate has been be 3 should be detached for use as the buriol-fronting of removal, and the state of the puriol compliant.	220		
H STATE		REMOVAL (Specify	11
O E O	23.	0.00	
	43.	FUNERAL DIRECTO	SIGNATO
VS A15 (4) 15M 9/55	\boldsymbol{K}	- Juli	

				Keg. Dis	1, 140,
1. PLACE OF DEATH o. COUNTY		2 USUAL RESIDENCE (Who			te before admission)
the state of the s	100100	O. STATE	- 12.12 P	COUNTY TO THE TALL	e free,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	GTH OF STAY IN 16	c. CITY OR TOWN (IF or		its, write RURAL and g	
n verly	9 ರಿಸ್ತ್ಯ	XØ Podga	3 1 27		
d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION		d STREET ADDRESS	. 41		e. IS RESIDENCE ON A FARM?
Thinge Comes named To	rsmital	?t. 2	Pox 26/		YES NO
3. NAME OF First DECEASED (Type or print) 1.1111 inm	Middle Chis	lost	4. DATE OF DEATH	Month	Doy Yeor 10 19 57
5. SEX 6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH	I O AGE		I YEAR IF UNDER 24 HRS.
Colored WIDOWED	DIVORCED [77 mm. 1273	lost		Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b, KIND C	OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Slate of	or foreign country)	12. CITI	ZEN OF WHAT COUNTRY?
during most of working life, even if retired) Laborer		Washington			
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
Unknown		Estelle ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no. or unknown) (if yes, give wor or dones of service)	SECURITY NO. 17. II	NFORMANT		Address	
NO.		Mary L. Chisl	.ey	Dodge 0	City, Maryland
18. CAUSE OF DEATH [Enter only one couse per line for (c PART I. DEATH WAS CAUSED BY:	a), (b), and (c).]	1			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o)	CX fu	Lava			
100,5 DUE TO	A	ř	Λ		
Conditions, if any, which) (b) (c)	vanced	racephio.	Sc Elezio	4	
gove rise to immediate	112- 10	elesto s - k	should it	the.	
lying couse last.	2-3	1. 2ach X	Lewis	2	
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIL 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING ET CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER	SUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE COND	ITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOR CONTRIBUTING EL CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ON INJURY OCCURRE	D. (Enter nature of injury in P.	$I_{\rm C}$	em 18.}	
3 20c. TIME OF INJURY Month, Day, Year 20d INJURY C	OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or town	1 /C	ounty) (Stote)
Hour o. p. White N	ot white foc	tory, street, office bldg., etc.)) }) (boniyj (slolej
≥ p. m. //- /- 195 /ot work □ of	work 🔯 🕒	57 Rti7	1		11/6/1
21. I certify that I attended the deceased fro	m Nov 2	. 1957, to A	10V 10	19 57 that 1/1	ast saw the deceased
		occurred at			
1 111			DORESS (Street, cit		DATE SIGNED
SIGNATURE Kenny	L Um	M.D. 4314 GE	clasin	Sheek H	yattiville de
PHYSICIAN'S PETER I. KENM	ORE, M.D.	Courtering	sda Joh	1. J. M. 6	22341)42
	NAME OF CEMETERY OF	R CREMATORY	22d LOCATION IS	ily, town, or county)	(Carro
REMOVAL (Specify)	rst Baptist			urden, Mary	(Stote)
23. FUNEBAL DIRECTOR'S SIGNATURE	DDRESS	24g 9FC*D		24b. REGISTRAR'S SIG	
Jan Jewart-	30 H Stree			/ - /	1000

BECEIVED

BUREYN A. S.

40V 13 1957

FOR STATE HEALTH DE DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please execute the certificate, writing the ward "pending" in pendit in them 18. Give Pages 1, 2, and 3 to, the funeral director. Page 1, should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 m is retained for your files. UNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 m is the State Board of Health, it designated agent, prior to burial, cremation, or removal, and in any eyent within 72 hours after death.

VS A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12257 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12209

					Neg. 6/8/, 1401
1, PLACE OF DEATH		4			itulion Res dence before admission)
Prince Ge	orge's	MARYLAN	o state Mary	land b. COUN	Prince George's
b. CITY OR TOWN (If a	utside corporate limits, write BURAL	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (I		te RURAL and give nearest town)
Jniv. PK. (own)	~	9 Yrs.	Univ. Par	rk 🗼	
d NAME OF HOSPITA	OR INSTITUTION (II not it	hospital, give street address)	d STREET ADDRESS	1	e IS RES DEVA
_6512_40th	Ave		6512 40t	h. Ave:	YES NO P
3 NAME OF	First	Middle	Lost	4 DATE Mon	
(Type or print) 1		UTMAN COO		OF DEATH	· ·
5. SEX		ARRIED ARVER MARRIED		9 AGE (In yours	6 19 57
miale	13/14 4 4 -	OWED TO DIVORCED TO	26 May 1905	(ast b rthday)	Months Doys Hours Min
	11100	OF KIND OF BUSINESS OR INDU			
during most of working	life, even if refired}			or foreign country)	12 CITIZEN OF WHAT COUNTRY
House Wife		Own Home	Mo		U. S. A.
13. FATHER'S NAME			34. MOTHER'S MAIDEN N		
Charles T	routman		Emily Hoy		
15. WAS DECEASED EVER	R IN U. S. ARMED FORCES? P yes_give wor or dates of service)	16 SOCIAL SECURITY NO 17	INFORMANT	Addre	15
No (Ves. ne pr unknown)	No	H	arold T. Cool	k (Husband)	Same as # 2
18 CAUSE OF DEATH	1 [Enter only one couse per	ine for (o), (b), and (c)	VALUE NO.		TINTERVAL BETWEEN
PART I. DEATH	WAS CAUSED BY:	Coronary throm	bosis		ONSET AND DEATH
1	MMEDIATE CAUSE (6)			-	The first of the second
420.1	DUE TO	Cardiovascular	manal disease		
Conditions, if on-		CATATOANSCATAT	Leur areas		
(o), stoting the u					
couse lost.) (c)				
PART II, OTHE	R SIGN FICANT CONDITION	IS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMI	NALDISEASE CONDITION G	IVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
3					YES NO
200 EXTERNAL CAUS	E WAS 206. DES	CRIBE HOW INJURY OCCURRED	(Enter noture of injury in Por	I or Port II of item 18.]	and the second
PRIMARY OF CON CAUSE OF DEATH.	IKIBUTINO L				
20c TIME OF INJURY Hour o. m.	Month, Doy, Year 2	rod INJURY OCCURRED 20e P	LACE OF INJURY (Home, form	. 20f. (Cily or lown)	(County) (State)
Hour o.m.	1	White Not while fe	ctory, streat, office bldg , etc.)	
		he remains described at	and balaban bases	(W) (V)	
		_			, Inquiry 🔼, and in my
opinion death r	esulled from. Natur	al causes 🔀, Accident	, Suicide , I	Homicide [], Undel	ermined manner
ACTUAL ()	1 JAN	\ //			DATE SIGNED
SIGNATURE	ALMO-IA	aloney	M.D. CHIEF MEDICAL EX	AMINER [
EXAMINER'S			ASSISTANT MEDICA	AL EXAMINER	11/6/57
NAME (Type JO	IN T. MALONE	Y, M.D.	DEPUTY MEDICAL	EXAMINER 🔝	
220 BURIAL, CREMATION		22c NAME OF CEMETERY C	R CREAMWORY	22d LOCATION (City, town	or county) (Stole)
Burial	11/8/57	Arlington Na		Arlington	Va.
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS			SISTRAR'S SIGNATURE
F. GASCH'S	SONS Hyat	tsville, Maryl	and	MOV 1 2 57	I the s

BUREAU V. N.

4400

SECEIVED SEC

NO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12210

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12209 Rea, Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY O. STATE b. COUNTY MARYLAND Maryland Pr. Geo. Prince Georges b. CITY OR TOWN | If suitside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale fimits, write RURAL and give nearest town) and give negrest town) Bladensburg Bladensburg 2 vears d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) d. STREET ADDRESS e. IS RES DENCE ON A FARM? 4111 51st Street 51st btreet YES NO K NAME OF DATE Middle Lost Month Year (Type or print) DEATH November Garoline Sowan 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE |In years IF UNDER LYEAR IF LINDER 24 HRS. Months Days. WIDOWED [1868 DIVORCED F Nov. Female white 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) London. Ingland U.S.A. House wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rose Nicholsburg 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address lif yes, give wor or dates of service) Ruth Rice. same address as 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c),] INTERVAL BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY: Hypertensive arteriosclerotic heart IMMEDIATE CAUSE (o) disease. DREMO Conditions, if ony, which] gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPS PERFORMED Senility NOF

20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING |

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.)

20c. TIME OF INJURY Month, Day, Year Hour o.m. p. m.

20d. INJURY OCCURRED Not while at work at work

20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)

20f. (City or fown)

(County)

(Stote)

deoth resulted from: Natural couses 17,

21. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X, and find that

Accident , Suicide , Homicide ,

ACTUAL SIGNATURE

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DATE SIGNED

(Stote)

EXAMINED NAME (Type)

T. Maloney. John 220. BURIAL CREMATION, 1226, DATE THEREOF

DEPUTY MEDICAL EXAMINER 27 22c. NAME OF CEMETERY OR CHEMINGER X

November 15, 1957 22d. LOCATION (City, town, or county)

Undetermined cause .

11/18/57 Hyattsville, Maryland. George Washington 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR

F. Gasch's Sons Hyattsville, Md.

24b. REGISTRAR'S SIGNATURE

YS. A15ME(5) SM 9755

UNERAL

DEPUTY

de

I. Tind

DEVELOR OF YOUR

Reg. Dist. No. . IS RESIDENCE ON A FARM? YES | NO K Yeor 19 5 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? 4.5.a.

(Stote)

PERFORMED? YES 🗌 NO.

(County)

19.5 Ithat I last saw the deceased M, from the causes and on the date stated above.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

24b REGISTRAR'S SIGNATURE

(Stole)

Md.

,

BUREAU V. E.

40V 12 1957





BUREAU V. S.

DECENAL DEST

63

1. PLACE OF DEATH

MARYLAND	 OF HEALTH—BALTIMORE,	

2. U

12213

122!1

OF	DEA	TH	Reg. Dist. No.
STATE	esidence Md		. If institution, Residence before admission by COUNTY
	R TOWN	(If outside corporate lie	nits, write RURAL and give nearest town)

o. COUNTY Prin	ce George		MARYLAN	D	o. STATE Md			b. COUNT	PG.		
b. CITY OR TOWN (RURAL and give n Cheverly,	If outside corporate limi earest Jown)	ts, write c	LENGTH OF STAY IN 1	ь	CITY OR TOV			rate limits, write	RURAL ond	give neare	esi lawn)
	TAL (If not in hospital, g George Gene		ress)		d STREET ADD		Ave				IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)		ames A.			Last		4. DATE OF DEATH		onth	27	Year 19 57
s. sex Male	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED [_	TE OF BIRTH	- 8	0	9. AGE (In year loss by thday	Months		Hours Min
Elevator o	ON (Give kind of work of king life, even if retired)	dane 10b. KIN	allen Hor	11	ma	rul.	ano	iuntry)	12. C	ITIZEN OF	P. a.
13. FATHER'S NAME	rknow	22			MOTHER'S NA	PROEN NY	AME	arre	A.		
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		CIAL SECURITY NO. 17		fe. Bec	las	h a	wich	Sa	me as	above
	ATH [Enier only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO		Creter	ite	₹ Ca w	-CYN-	ama			ONSET	VAL BETWEEN T AND DEATH
Canditians, if a gove rise to i cause (a), stating lying couse last.	my, which) (b)	-6	Caremon	2	Rees	the tra	726	elu	m		
S S	HER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH	BUT NOT	RELATED TO TH	E TERMIN	IAL DISEASE	CONDITION	IVEN IN PA		WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIE	E HOW INJURY OCCU	RRED (E	nter nature of in	jury in Pa	art 1 or Port	Il of item 18)			
20c. TIME OF INJUR Hour s. m. p. m.	RY Manth, Doy, Yea	While of work	Not while		OF INJURY (Hon street, office blo			or town)		(County)	(Store)
21. I certify the alive an Actual SIGNATURE PHYSICIAN'S NAME (Type)	Dr. L	195				A	M, fram	the causes	and an	last saw the date	the deceased stated above. DATE SIGNED Thanks
27g. BURIAL, CREMAT.O	on, 226 Date thereo		2c. NAME OF CEMETER	Y OR CR	ematory n Can	7.	Bla	ION (City town	or county)	Ma	(State)
23. FUNERAL DIRECTOR	'S SIGNATURE	9-5	ADDRESS 77	57		REC'D	BY REGISTION 157		SISTEMAN'S S	GNATURE	

VS A15 (4) 15M 9/55



BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU V. E.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

7961 ST VOW





CERTIFICATE OF DEATH 2184 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Adulence before admission) a COUNTY b. COUNTY. MARYI AND uneral b. CITY OR TOWN (If outside cornorate limits, write CLENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lawn) RURAL and give nearest town) 2 attoVI A NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM YES TO NO NAME OF 4. DATE Year Day DECEASED (Type or print) DEATH 10 5 5. SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR (vabilitideval Months Hours Min DIVORCED T WINDWEN (C) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) NOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DOVE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO - Some addiess 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (g) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19 WAS AUTOPSY PERFORMED? YES [NO. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CERTIF 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur e. n. While Nat while at work at work August 19 177 that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at _____M, from the causes and on the date stated above. ACTUAL SIGNATURI PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Washington D. C (State) THOPAL SPECIFY) Nov 14. 1957 Mt Olivet Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 2402 REC'D BY-REGISTRAR 24b. REGISTRAR'S SIGNATURE Gasch's Sons Hyattsville Md. DATE 15M 9/55 ブ

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY b. COUNTYPrince Georges filed Prince Georges MARYLAND Maryland the funeral should be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest fown)
College Park College Park d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? 4717 Nantucket Road 4717 Nantucket Road YES NOT 3. NAME OF Middle 4. DATE Year DECEASED OF 1957 14th FRANK DOMAGALSKI Nov. (NMN) (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months March 22/1883 Male White WIDOWED IT DIVORCED X 18a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)

The Design Country 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY Lumber Business Silver Lake. Minn. USA oug Machine Operator 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Peter Domagalski Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. ege Park Md. Nantucket Road, 7-03-1295 Dorothy K. Masek. Nο None 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSEL AND DEATH ā PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which] gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART. II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enfer nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Day, Year 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) 20d INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a. II. Not while at work at work 21. I certify that I attended the deceased from 103 ., 195.Z. that I last saw the deceased and that death occurred at 7:20AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL 3404 Cheverly Ave. Cheverly Md. PHYSICIAN'S John Kehoe NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

Fort Lincoln Cem.

Riverdale, Md.

ADDRESS

22d LOCATION (City, town, or county)

24g, REC'D BY REGISTRAR

DATENOV 2 0 '57

(Stote)

Manor. Pr.Geo.Co.Md.

246 REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

C PE

220. SURIAL, CREMATION, 226. DATE THEREOF

W.W.Chambers Company,

23. FUNERAL DIRECTOR'S SIGNATURE

/1957

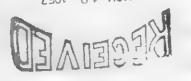
BUREAU V: S.

1927 NOV 80 1957

BECEIVET.

CERTIFICATE OF DEATH 12214 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) n COUNTY **6. COUNTY** MARYLAND Prince George rinca George death. ō b. CITY OR TOWN (If outside corporate limits, write C JENGTH OF STAY IN 15 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) 8 RURAL and give negrest town) shavid Cheverly md Glenarden Md d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Prince George YES I NO! General NAME OF First Middle Lod 4. DATE Month Year DECEASED OF (Type or print) Charles James Duvall Nov. 19 57 S. SEX Male 9. AGE (In years lost birthday) 7. MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS 8. DATE OF BIRTH Months Dovs WIDOWED FFT DIVORCED | 65 yrs. 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY/ 11. BIRTHRIACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) carbon 13. FATHER'S NAME 14. MOTHER'S MATDEN NAME physician 0 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Oldest. Duvall James CAUSE OF DEATH [Enter only one course per line for (o), (b) and (c).] INTERVAL RETWEEN PART 1. DEATH WAS CAUSED 8Y:
1MMEDIATE CAUSE (o). ONSET AND DEATH DUE TO any Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. burial-fransit PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLDING WAS AUTOPSY PERFORMED? remayal, YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour a. n. foctory, street, office bldg., etc.) While Not while of work af work p. m. and that death occurred at 7:40 21. I certify that I attended the deceased from, 1957, that I last saw the deceased PAM from the causes and on the date stated above. ADDRESS (Street, city or town, state) DIRECT ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) n 220 EURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 24o, REC'D 8Y REGISTRAR 26. REGISTRAR'S SIGNATURE DATE WINV 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



40V 13 1957

BUREAU V. E.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Pr. Geoig c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) I. IS RESIDENCE ON A FARM? YES NO IX 1057. November IF UNDER 1 YEAR IF UNDER 24 HRS Months 12 CITIZEN OF WHAT COUNTRY? U.S.A. Mrs. Roland Richardson-Upper Marlboro, Md. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPS PERFORMED? YES NO 17 (County) (State) ... 1952, that I last saw the deceased and that death occurred at 5 PM, from the causes and on the date stated above. ADDRESS (Street, city,or, town, state) DATE SIGNED 22d. LOCATION (City, town, or county) (State) Md. 24b REGISTRAR'S SIGNATURE Funeral Home-Narlboro, Md. DATE NOV 2.5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUNDAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 . 12260 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY filed 6 COUNTY ALABYI AND Prince Georges uneral b. CITY OR TOWN (If gutude corporate limits, write C LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) þ RURAL and give nearest town) months & should Glenn Dale (miral) Washington dav d NAME OF HOSPITAL (If not in hospital, give street address)
OF INSTITUTION
Glenn Dale Hospital d. STREET ADDRESS IS RESIDENCE 200 Trenton Pl., S. E. YES NO TH NAME OF Middle Lost 4. DATE Month Yenr DECEASED (Type or print) DEATH 77 William Fellows 19 57 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 5. SEX S DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours DIVORCED TY Male WIDOWED [7] White 60 YIS 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY 628 E. St., N. W. and Barber Canada Canada carbon 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Fellows Edna Morrett TOVE (15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address Nο 579-01-6893 Decedent 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchogenic carcinoma, with metastasis to skull . * 8 months puero and ribs. ģ Conditions, if any, which ' gave rise to immediate .E DUE TO couse (a), stating the underpuo lying cause last. burial-transit CERTIFICATION PART I). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS PERFORMED? Pulmonary tuberculosis, le vrs YES] NO K 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year (County) (Stote) Hour e. fr. factory, street, office bldg., etc.) While Not while at work at work p. m. 21. I certify that I attended the deceased fram. 17/7 19 57 that I last saw the deceased ___, 19<u>_ 57</u>, ta__ and that death accurred at 3:45 aM, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE Glenn Dale Hospital PHYSICIAN'S Moe Weiss. Glenn Dale, Md. NAME (Type) FUNER. 220. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** RECOLBY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4)

certificate

TEAU V. S. 1957

								TE OF	DEATH	1 (22230
TATE			12185M	EDICA	L EXAMINER	'S CER	TIFICA	IE OF	DEATH	Reg. Dist.	No.
DEPT.	1.	PLACE OF DEATH	Prince Ge	077700		II or STAT	7.7	Where decease	sed lived. If institution is count		before admission
		CITY OF TOWN	If aviside corporate I mile, w		c. LENGTH OF STAY IN			-		22 211	
10 Est		and give regrest tow	n)	THE NURME	E. LENGTH OF STAT IN	C. C.III	OKTOWN	It outside cor	porote limits, write	KUKAL and g	re neorest fown)
147)	-	Hyatts	ville	(If not in home	17 years	2 5701	Hyatta	ville			
00			Nicholson		moi, give triber bodress)			cholso	n Street		ON A F
		NAME OF DECEASED (Type or print)	Hubert	First	Mark	Foley	Lost	4 DATE OF DEATH	Novembe		21 19 5
	5. 5	SEX	6 COLOR OF RAC	E 7. MARRIES	D NEVER MARRIED				9 AGE (In years		AR IF LINDER 2
		Male	White	WIDOWED	DIVORCED [July	7 18, 1	.874	83 yrs.	Months Day	s Hours Mi
9	10a	. USLAL OCCUPATI	ON (Give kind of woring life, even if retired	k done 10b Ki	ND OF BUSINESS OR IND	USTRY 11. BIRT	THPLACE (Stole	e ar fareign c	country)	12 CITIZEN	OF WHAT CO
- 1	l.	Retired	ing ite, even i remeu		Painter	Toy	/B.			U	S.A.
		FATHER'S NAME					ERS MAIDEN	NAME			
		Mark J.	Foley				M_	ry Mad	lden		
~	15.		VER IN U. S. ARMED F	ORCES? 16. 5	OCIAL SECURITY NO. 17	INFORMANT			Address		-
=)	3700		Ill yes, give was or dates	of service)	,	fre The	case Co	Jiine	5404 35	th Awa.	Hern tates
& ')		Yes	AL IN			TO THE	LUDGE UU				
/		18 CAUSE OF DEA	ATH Enter only one c	ovie per line fo				-	2404 22	The second	_
			ATH [Enter only one of ATH WAS CAUSED BY:		or (o), (b), and (c)]			-	-J404 JJ	75	NTERVAL BETWEEN INSET AND DEATH
			TH WAS CAUSED BY:	(a)				-		75	NTERVAL BETWEEN
		PART 1. DEA 442X	ATH WAS CAUSED BY: IMMEDIATE CAUSE ((a)	Acute conges	tive he	eart fa	ilure		75	NTERVAL BETWEEN
		PART I. DEA 4442X Conditions, if of	TH WAS CAUSED BY: IMMEDIATE CAUSE (DUE TO	(a) O	or (o), (b), and (c)]	tive he	eart fa	ilure	- J444 J7	75	NTERVAL BETWEEN
		PART I. DEA 44-44-54 X Conditions, if (gove rise to imme [0), stoling the	ATH WAS CAUSED BY: IMMEDIATE CAUSE (DUE TO ony, which) diote couse	(a) O	Acute conges	tive he	eart fa	ilure	- Java 12	75	NTERVAL BETWEEN
	7	PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (DUE To ony, which diole couse underlying	(a) O b) O	Acute conge	stive he	eart fa	ilure	-	Ė	NTERVAL BETWEEN JUSET AND DEATH
^	CATION	PART I. DEA 444 2 X Conditions, if concerning the couse lost. PART II, OT	ATH WAS CAUSED BY: IMMEDIATE CAUSE (DUE TO ony, which diote couse underlying HER SIGNIFICANT CO	(a) O b) O	Acute conges	stive he	eart fa	ilure	-	Ė	NTERVAL BETWEEN JUSET AND DEATH
^	CERTIFICATION	PART I. DEA 444 2 X Conditions, if concerning the couse lost. PART II, OT	ATH WAS CAUSED BY: IMMEDIATE CAUSE (DUE TO ony, which diote couse underlying HER SIGNIFICANT CO	(a)	Acute conge	Lar rena	eart fa	ilure	E CONDITION GIV	Ė	DISET AND DEATH
^	TAL CERTIFICATION	PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (DUE TO Only, which diole couse underlying HER SIGNIFICANT CO USE WAS INTRIBUTING	(a)	Acute conges Cardiovascu NTRIBLTING TO DEATH BL	T NOT RELATED	ert fa	ase RINALDISEAS	E CONDITION GIV	EN IN PART 140	19. WAS AUTO PERFORME
^	CAL CERT	PART I. DEA 444 X Conditions, if of gove rise to imme [0), stoling the couse lost. PART II, OT 20c. EXTERNAL CA PRIMARY D or CO CAUSE OF DEATH. 20c. TIME OF INJU Hour o m.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (DUE TO Ony, which diols couse underlying DUE TO HER SIGNIFICANT CO USE WAS INTRIBUTING IRY Manth, Day, Y	(a) D (b) O (c) NDITIONS CON 20b DESCRIBE	Cardiovascu NTRIBUTING TO DEATH BU HOW INJURY OCCURRED NOW White	T NOT RELATED	eart fa	AINALDISEAS	E CONDITION GIV	Ė	19. WAS AUTO PERFORME
^	MEDICAL CERTIFICATION	PART I. DEA 444 X Conditions, if concerning the couse lost. PARY II, OT 20a. EXTERNAL CA PRIMARY II or CO CAUSE OF DEATH. 20c. YIME OF INJU- Hour o m. p. m.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (DUE TO Ony, which diole couse underlying DUE TO USE WAS INTRIBUTING DIE USE WAS INTRIBUTING DIE ONE ONE ONE ONE ONE ONE ONE ONE ONE O	(a) D D (b) O (c) NDITIONS COP 20b DESCRIBE eor 20d IN White of warl	Acute conges Cardiovascu NIRIBLTING TO DEATH BL HOW INJURY OCCURRED JURY OCCURRED Not white at work	T NOT RELATED [Enler nature of LACE OF INJUING colory, street, of the colory of the color of the col	or THE TERM of Injury in Pa	ase WINALDISEAS Pt f or Port II	E CONDITION GIV of Hem 18)	/EN IN PART 1(c	19. WAS AUTO PERFORME
^	CAL CERT	PART I. DEA Conditions, if coverise to imme [0), stoling the couse lost. PART II, OT 20c. EXTERNAL CA PRIMARY El or CO CAUSE OF DEATH. 20c. YIME OF INJU- Hour o m. p. m. 21. 1 certify t	MAS CAUSED BY: IMMEDIATE CAUSE (DUE TO Only, which diole couse onderlying HER SIGNIFICANT CO USE WAS INTRIBUTING [] PRY Manih, Day, Y In that I took charge	oblications con 20d In White of work ge of the re	Acute conges Cardiovescu NIRIBLTING TO DEATH BL HOW INJURY OCCURRED N.URY OCCURRED N.URY OCCURRED L Mal white all work all	T NOT RELATED (Enter nature of LACE OF INJUIT coctory, street, of the company of the coctory, street, of the coctory	PART (Hame, fariffice bldg, eld	ase NINAL DISEAS It if ar Part if In . 20f (Crity)	of Hem 18) or town)	(County)	D) 19. WAS AUTO PERFORME YES NO. (5
^	CAL CERT	PART I. DEA Conditions, if coverise to imme [0), stoling the couse lost. PART II, OT 20c. EXTERNAL CA PRIMARY El or CO CAUSE OF DEATH. 20c. YIME OF INJU- Hour o m. p. m. 21. 1 certify t	MAS CAUSED BY: IMMEDIATE CAUSE (DUE TO Only, which diole couse onderlying HER SIGNIFICANT CO USE WAS INTRIBUTING [] PRY Manih, Day, Y In that I took charge	oblications con 20d In White of work ge of the re	Acute conges Cardiovascu NIRIBLTING TO DEATH BL HOW INJURY OCCURRED JURY OCCURRED Not white at work	T NOT RELATED (Enter nature of LACE OF INJUIT coctory, street, of the company of the coctory, street, of the coctory	PART (Hame, fariffice bldg, eld	ase NINAL DISEAS It if ar Part if In . 20f (Crity)	of Hem 18) or town)	(County)	D) 19. WAS AUTO PERFORME YES NO. (5
^	CAL CERT	PART I. DEA 4-4-X Conditions, if of gove rise to imme (o), stoting the couse lost. PARY II, OT 20a, EXTERNAL CAPRIMARY Der CO CAUSE OF DEATH. 20c. YIME OF INJUITED TO M., p. m. 21. 1 certify for opinion depth	MAS CAUSED BY: IMMEDIATE CAUSE (DUE TO Only, which diole couse onderlying HER SIGNIFICANT CO USE WAS INTRIBUTING [] PRY Manih, Day, Y In that I took charge	oblications con 20d In White of work ge of the re	Acute conges Cardiovescu NIRIBLTING TO DEATH BL HOW INJURY OCCURRED N.URY OCCURRED N.URY OCCURRED L Mal white all work all	T NOT RELATED [Enter noture of LACE OF INJUIT coctory, street, of the lace of	of injury in Po RY (Hame, fariffice bidg, ele an Autops cide [],	ASE AINALDISEAS It I or Part II III. I	of Hem 18) or town) aspection	(County)	19. WAS AUTO PERFORME YES NO
^	CAL CERT	PART I. DEA Conditions, if coverise to imme [0), stoling the couse lost. PART II, OT 20c. EXTERNAL CA PRIMARY El or CO CAUSE OF DEATH. 20c. YIME OF INJU- Hour o m. p. m. 21. 1 certify t	MAS CAUSED BY: IMMEDIATE CAUSE (DUE TO Only, which diole couse onderlying HER SIGNIFICANT CO USE WAS INTRIBUTING [] PRY Manih, Day, Y In that I took charge	oblications con 20d In White of work ge of the re	Acute conges Cardiovescu NIRIBLTING TO DEATH BL HOW INJURY OCCURRED N.URY OCCURRED N.URY OCCURRED L Mal white all work all	T NOT RELATED [Enter noture of LACE OF INJUIT coctory, street, of the lace of	PART (Hame, fariffice bldg, eld	ASE AINALDISEAS It I or Part II III. I	of Hem 18) or town) aspection	(County)	D) 19. WAS AUTO PERFORME YES NO. (5
2	CAL CERT	PART I. DEA 4-4-2 X Conditions, if of gove rise to imme (o), stoting the cause lost. PARY II, OT 20a. EXTERNAL CA PRIMARY D or CO CAUSE OF DEATH. 20c. YIME OF INJU Hour o m. p. m. 21. 1 certify to opinion depth ACTUAL SIGNATURE	MAS CAUSED BY: IMMEDIATE CAUSE (DUE TO Only, which diole couse onderlying HER SIGNIFICANT CO USE WAS INTRIBUTING [] PRY Manih, Day, Y In that I took charge	oblications con 20d In White of work ge of the re	Acute conges Cardiovescu NIRIBLTING TO DEATH BL HOW INJURY OCCURRED N.URY OCCURRED N.URY OCCURRED L Mal white all work all	T NOT RELATED [Enter noture of LACE OF INJUING STREET, of Dove, held to many child to many control of the cont	of injury in Po RY (Hame, fariffice bidg, ele an Autops cide [],	ASE MINALDISEAS Pt I or Part II The princide XAMINER The princide	of Hem 18) or town) aspection	(County)	19. WAS AUTO PERFORME YES NO
2	CAL CERT	PART I. DEA Conditions. If cover rise to imme [0), stoling the cover lost. PART II. OT 20c. EXTERNAL CA PRIMARY II. or CO CAUSE OF DEATH. 20c. TIME OF INJU- Hour o m. p. m. 21. 1 certify topinion death ACTUAL SIGNATURE EXAMINER:	MAS CAUSED BY: IMMEDIATE CAUSE (DUE TO Only, which diole couse onderlying HER SIGNIFICANT CO USE WAS INTRIBUTING [] PRY Manih, Day, Y In that I took charge	b) D)	Acute congest Acute congest Cardiovascu NIRIBLTING TO DEATH BL HOW INJURY OCCURRED NURY OCCURRED Null white all work all wo	T NOT RELATED (Enter nature of LACE OF INJUIT acctory, street, of Dove, held to ASSI	or THE TERM of Injury In Pa RY (Hame, fari ffice bidg, eld an Autops cide [],	ASE WINALDISEAS PL F or Part II TO Part	of item 18) or town) nspection Undete	(County) Inquiry	19. WAS AUTO PERFORME YES NO OATE SIGN
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2	WEDICAL CERT	PART I. DEA Conditions, if of gove rise to imme (o), stoling the couse lost. PARY II, OT 20a. EXTERNAL CAPRIMARY District of CAUSE OF DEATH. 20c. YIME OF INJUINED TO MAKE (Type) ACTUAL SIGNATURE EXAMINER: NAME (Type) BUR.AL CREMAT OF INJUINED TO MAKE (Type) FUNCAL GREMAT OF INJUINED TO MAKE (Type)	TH WAS CAUSED BY: IMMEDIATE CAUSE (DUE TO Only, which ordiole couse underlying DUE TO HER SIGNIFICANT CO USE WAS INTRIBUTING IPY Manih, Day, Y IPH hat I took charge resulted from: John T. Ma ON 22b Date there Nov 23	oblications con 20d in white of war at war a	Acute conges Cardiovescu NIRIBLTING TO DEATH BU HOW INJURY OCCURRED Not white at work accident Accident M.D. Cedar Hi:	T NOT RELATED [Enter noture of the control of the	or Autopo	ALEXAMINER TO SU	of Hem 18) of Hem 18) or town) aspection Undete	(County) Inquiry rmined mar	19. WAS AUTO PERFORME YES NO DATE SIGN DATE SIGN (State)



1. PLACE OF DEATH COUNTY Prince

MARYLA	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18									
. 122	15	CERTIFICA	ATE OF DEATH	1	Reg. Dist. No	12224				
eorges		MARYLAND	2. USUAL RESIDENCE (WAS a STATE	ere decease	d lived. If institution b. COUNTY		ore admission)			
utside corporate limits,	write	c. LENGTH OF STAY IN 1b	E. CITY OF TOWN (IF O	ulside carpi	prote limits, write RU	RAL and give ne	arest tawn)			
,		7 Days	Hvattsv	Hvattsville						
(If not in haspital, give street address)			d STREET ADDRESS . IS RESI				e. IS RESIDENCE ON A FARM?			
eorges General			4103	Quee	sherry Ro		YES NO			
First		Middle	Lost	4. DATE	Month	Do	y Yeor			
Marie	(Fox	DEATH	Novemb	per 22	19 57			
. COLOR OR RACE 7.	MARR	IED 🖪 NEVER MARRIED 🔲	8 DATE OF BIRTH				IF UNDER 24 HRS			
	IDOWE		11-30-85		73 you	Months Doys	Hours Min			
(Give kind of work don	e 105	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slote	or fareign (country)	12 CITIZEN	OF WHAT COUNTRY?			
ewife	O	KIND OF BUSINESS OR INDU	Marylan	nd		U	S A			
			14 MOTHER'S MAIDEN N	AME						
lliam H. N	i em	yer	Mary Mon	berge	er					
N U S ARMED FORCES	7 16	SOCIAL SECURITY NO 17 I	NFORMANT		Addre	\$8				

	b. CITY OR TOWN (If autside a RURAL and give nearest town	orporate limits, write)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	wiside carparete limits, write RU	RAL and give nearest town)
7	d NAME OF HOSPITAL (IF not OR INSTITUTION Tring George	in hospital, give street a	7 Days	d STREET ADDRESS	Oueensherry Ro	e. IS RESIDENCE ON A FARM? YES NO-[-]
	3 NAME OF DECEASED (Type or print)	first Marie C	Middle	lost	4. DATE Month OF DEATH NOVEME	Day Year
		R OR RACE 7. MARRIE	ED MEYER MARRIED DIVORCED	8. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS
1	10a USUAL OCCUPATION (Give k during most of working life, e Housewij	ind of work done 10b K			or fareign country)	12 CITIZEN OF WHAT COUNTRY? USA
)	13 FATHER'S NAME Willia	am H. Niemy	/er	14 MOTHER'S MAIDEN N Mary Mon		
۵	1S WAS DECEASED EVER IN U S (Yes, no. or unknown) (If yes, give v	ARMED FORCES? 16. S are or dotes of services		INFORMANT Mospital Reco	ords Cheverl	y, Maryland.
	18 CAUSE OF DEATH [Enler PART I DEATH WAS O IMMEDIA If 20 . Conditions, if ony, which gove rise to immediate couse (a), stoting the under- lying couse lost	THE CAUSE (6) 10 CUE TO	sper leus	esse artes	ære bal hem w Selenski	Interval Between ONSET AND DEATH
	20g ACCIDENT WAS LINDER	YING D 206 DESC		T NOT RELATED TO THE TERMI		N IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL ZOC. TIME OF INJURY Month, Hour o. m p. m	Doy, Year 20d. IN. While	JURY OCCURRED 20e. I	PLACE OF INJURY (Home, form octory, street, affice bidg, etc.	. 20f (City or town)	(County) (Slote)
/	21. I certify that I attend alive on Actual Actual	ended the decease	The same of the sa	/ '	,	that I last saw the deceased above, note) DATE SIGNED (Allandle)
		vid Clayman	TO MANY OF STREET	Stafe	Turle, m	4
	Burial	Nov 26, 19		morial Park	22d. LOCATION (City, town, or Muirkirk	Maryland.
	23. FUNERAL DIRECTOR'S SIGNATION F. Gasch's		tsville Md.		D BY REGISTRAR 245 REGIST	FRAR'S SIGNATURE

VS A1S (4) 15M 9/SS

ENUEVO A' E

MAN TO MAN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

FOUEVO V. S.

Draw Marker

DECENCE

BUREAU V. E

NOV 21 1957

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 kg the funeral director. Page 4 should be farworded to the Chief Medical Examiner's Office along with form PM3. Page 5 mg. be retained for your files.

WE WINERAL DIRECTOR: Page 3 shauld be used as a buriol-transit permit. File pages, and 2 to the Store Board of Wealth. Its designated agent, prior to buriol, cremation, or removal, and in any event within 72 haurs Offer death.

VS A15ME 5M 2 57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12263

	. 4		
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

12263 MEDICAL	EXAMINER'S	CERTIFICATE OF		Dist. No. 12228
b. CITY OR TOWN (If cultide corporale limit), we to RUFAL and give necrest found Radiant Valley d NAME OF HOSPITAL OR INSTITUTION (If not in hospi	MARYLAND c LENGTH OF STAY IN 1b 5 years (a), give street address)	2. USUAL RESIDENCE (Where decease o. STATE Maryland c CITY OR TOWN (If authide corp. Radiant V d STREET ADDRESS	orate lim ts, write RURAL or	. Geo.
Male white WIDOWED 100 USUAL OCCUPATION (Give find of work done 10b KIP during most of working life, even if retired)	NEVER MARRIED B.	(Gordan) A. DATE OF DEATH DATE OF BIRTH June 12, 1921	9. AGE (In years lest birthday) 36 yes Hanths	Day Year 10 19 57 R IYEAR IF UNDER 24 HES
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost.	5-14-5987 or (o), (b), ond (c)] Hemorrhage and Gunshot wound	of head		INTERVAL BETASENI ONSEE AND DEATH
TRIMARY M or CONTRIBUTING CAUSE OF DEATH. Se 20c, TIME OF INJURY Month, Day, Year 20d. IN White	HOW THURY OCCURRED (ER If inflicted g BURY OCCURRED 200 PLAC Not white Horizontal described above	gunshot wound of he E OF INJURY (Home, farm, 1201, (City rry, street, office bldg., etc.) Reve, held an Autopsy , in	ead or tawn) (Co	PERFORMED? YES NO (Stote) Pr. Geo. Md. iry X, and in my manner
REMOVAL [Spe. (y) /_ /_	ZC. NAME OF CEMETERY OR	Cemetery Colme	Nove ton (City, lown, or caunly) ar Manor, Pr RAR 246 REGISTRAR'S S	Geo.Co.,Md.

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M. REVO. K.

NOV 13 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BULLAN V. S.

. 10 AOR

A A ANTIMA

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
J		12264 CERTIFICATE OF DEATH Reg. Dist. No. 2231
Poge direction	1. [PLACE OF DEATH COUNTY Prince Living MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY Crusce Living
deoth:		CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Light Mark 12 Years Light W
by the f		d. NAME OF HOSPITAL (If not in hospital, T), ve street oddress) OR INSTITUTION Looklich Lord ON A FARM? YES \[\begin{array}{l} \text{NOTITY } \text{NOTITY } \text{NOTITY } \text{VES } \text{NOTITY } \text{NOTITY }
24 hourst		NAME OF DECEASED CATHERINE GUNYON OF DEATH DOY 24. 1957
d within	5	EX 6. COLOPIOR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 1875 9. AGE (In years lost birthday) Months Doys Hours Min.
camp n paper deoth.	100	USUAL OCCUPATION (Give bind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slove or foreign country) Love york on if refired) LUN Home Mering life, Even if refired to the country of the
cian ar	13.	Harry Eckert unknown
na allys		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT address. Property of detail of solvices no. of unbrown) Property of detail of solvices no.
attendin n please t within		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CAUGUST MERCULATE CAUSE (o)
by the		Conditions, if any, which) (b) alevarelestes head alexans 10 mm
requires non signed nost perm and in ar		gove rise to immediate couse (a), stating the under-lying couse last.
physicia as been all-trans	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY PERFORMED? YES NO
AN: The ending freate he form	CERTIFIC	206. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Part II of Item 18.)
PHYSIC of a att his certi- use as emation,	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Not while of work
hospite After if thed for rivol, cre		21. I certify that I attended the deceased fram. Day 1954, to 24 Nor., 1957 that I last saw the deceased olive an 24 Nov., 1957, and that death occurred at 114 DM, from the causes and on the date stated above.
by the ECTOR: se detace or to bu		ACTUAL JOHN KEHOE, M.D. DATE SIGNED
TAL OF retained AL DIR transpired birds bi		PHYSICIAN'S Ch.F. J.Y. MD.
HOSPI may be FUNER regis	220	BURIAL CREMATION, 1220 DATE THEREOF TO THE THEORY OF CEMETERY OR CREMATORY Colons Manor manor man
VIII A1S (4) 15M 9/5S	23.	EUNERAL DIRECTOR'S SIGNATURE LADDRESS! ADDRESS! ADDRESS! DATE DEC 8 37 REGISTRAR'S SIGNATURE DATE DEC 8 37
	1/	

, a nysuna

DEC ? 1827

107 15 -09°3

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12225

12218 CERTIFICATE OF DEATH

Reg. Dist. No.

		A								
1. PLACE OF DEATH a. COUNTY				- 11	USUAL RESIDENCE (W	here deceas	ed lived. If institu		before admi	is-on]
	a Gaorga is		MARYLAN	4D	Mary.	land	b. COUNI	Bal	timore	
b. CITY OR TOWN (d	autside corporate limi	ts, write	c. LENGTH OF STAY IN	1Ь	c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)					
RURAL and give ne	varly		96 Days		Baltimore					
d NAME OF HOSPITA	AL (If not in haspital, g	ive street			d. STREET ADDRESS		-	*	e, IS RE	SIDENCE
or institution Prim	ce George's	s Gen	aral	i	2653 W. 1	Park I	rri va		ON	A FARM?
3 NAME OF	1057 4		Middle		Lost	4. DATE		-41		
DECEASED (Type or print)		MACK .		NCES		OF	7114	inth	Day	Year
5 SEX	3		HED XXNEVER MARRIED [DATE OF BIRTH	DEAT		NOV	26 YEAR IF UND	1957
3 SEA	TAT					~~	9. AGE (In year)	Months (Doys Hours	1
10. 101111 00011111	M	WIDOWI			larch 25, 19		47 911			
during most af work	N (Give kind at wark) ing life, even if retired	dane 10b	KIND OF BUSINESS OR II	NDUSTR	THE BIRTHPLACE (SION	or foreign	country)	112. CITIZ	EN OF WHA	T COUNTRY
Nursing			(practical		Mary				U.S.	A
13 FATHER'S NAME					MOTHER'S MAIDEN					
Geor	ge A. Hump	hrey			Ida	A. W:	iderman			
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CE57 16	SOCIAL SECURITY NO	7. INFO	RMANT		Ad	dress		
No	r you, got was as assumed a	57	77-03-0116	Mr.	Wm. H. Ham	mack	Ridge Rd.	Woodl	awn. M	A.
18. CAUSE OF DEA	TH (Enter anly one co	use per lir	ne for (a), (b), and (c)		1			10.50 50 5000	INTERVAL B	
	TH WAS CAUSED BY.	- 7		h 6		Serva .			ONSET AN	DEATH
, ,	IMMEDIATE CAUSE (o		enmone	LLIN	mening gar	4 :			7.0"	an
Conditions, if ar		1010	2-1-1	1 1	0 1 1-01-3	12 ·			21	22-
gave rise to in	mediate	· · · · · · · · · · · · · · · · · · ·	mayer	100	5000000		ι		1.19	
cause (a), stating t	he under- DUE TO	Pin	a films from	d	Avanel	7.			14	Um.
lying cause last.	J (c	DITIONS	CONTROLLING TO DE 1711	1220	T DEL ATER TO THE TERM	UNION DIST	CT COMPUTATION O		V	
PART II OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	. BDT NC	T RELATED TO THE TERM	MINAL DISEA	ISE CONDITION G	AFM IN LAKI	PERF	AUTOPSY ORMED?
	* AM AD THE AM A STORY	DOL DOC		. now h					YES	NO
200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206 DESC	CRIBE HOW INJURY OCCL	JRRED (Enter nature of injury +h	Part I ar Pa	ort II af item 18 j			
	Manth, Day, Ye	pr 20d. If	NJURY OCCURRED 204	. PLACE	OF INJURY (Hame, far:	m. 20f (Ci	ly or lowel	ICo	ounty)	(State)
Haur o.m.	19	While	Nat while	factor	, street, office bldg., et	c]	.,,	1-0	,,,,,,	farmel
			k at work		Λ.	l da V	1/2	- >		
21. I certify the	at I attended the	decease		<u>کــــ2</u>	, 19, ta_\/	W- 0	16, 19 3	fhat I lo	ost saw the	deceased
alive on	(m 3-0	, 12_	, and that de	ath a	corred at 910				e date stat	ed above
0.1			. 0 .			ADDRESS (Street, sity or town	, state)	27:57:	PATE SIGNED
SIGNATURE	1 mar	: ()n	1 dain	M.D	174	01	Mini	w w	arli-	6-00
PHYSICIAN'S			Li and				V			
NAME (Type)	POLC- HI	W.	-1-aIN				*****			
220 BURIAL, CREMATION	N, 226. DATE THEREC	F	22c NAME OF CEMETER	Y OR C	REMATORY	228 LOC	ATION (City, town,	ar county)	(58c	ite)
REMOVAL (Specify) Burial	11/30/57		Mt. Olive	Cem	etery	Rane	dallstown	. Md.		
23. FUNERAL DIRECTOR'S	SIGNATURE)		ADDRESS			D BY REGI		ISTRAR'S SIGI	NATURE	
Easton	nono		Catonsville	e, M	d. DATE	DEC 2		1	- 1	
				-	0711	19662		THE REPORT		

BULLIU K. K.

7601 2 1957

DE ALESTA

		. 14419	CERTIFICA	AIL OF DEAT	Re	Reg. Dist. No.			
	1. PLACE OF DEATH o. COUNTY Prince Ge	orges	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Maryle				Georges	
	b CITY OR TOWN (If outside co RURAL and give nearest fown) Cheverly	rporote limits, write	6 hrs	c CITY OR TOWN (If o	utside carporate lii ttsville	mils, write RURA	L ond give ne	orest fown)	
r	d NAME OF HOSPITAL (IF not in	hospital, give street od		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?	
		ges General	l Hospital	5716	30th A	ve.		YES NO X	
	3. NAME OF DECEASED (Type or print) W1]	liam_	Middle Hilton	Hardy	4. DATE OF DEATH	Nov	23	y Yeor 1957	
	5. SEX 6 COLOR	OR RACE 7 MARRIE	NEVER MARRIED	B DATE OF BIRTH	P. AG			IF UNDER 24 HRS.	
	Male Whit			5 Feb 1866	9	I yes	onlhs Days	Hours Min	
/	during most of working life, ever Painting Conti	nd of work done 10bRkg en if returned) Cactor Se.	Ne of Augidess of INDU LT - Employed	STRY 11. BIRTHPLACE (S1010 Washingt	man, after			OF WHAT COUNTRY SA	
	13 FATHER'S NAME	· IT	79	14 MOTHER'S MAIDEN N					
		lenry Har			Hilton				
_	15. WAS DECEASEDEVER IN U. S. A 1763, Page 1767 (18 yes. Draft)	NRMED FORCES? 16 SO		nformant illiam W. H		901 Og		rpe St.	
	PART I DEATH WAS CA	LUSED BY: E CAUSE (o)	for (o), (b), and (c)]	12 reffree	- 9	, y 0. 0 0 3 v	INT	ERVAL BETWEEN SET AND DEATH	
	Conditions, if any, which	(b) _ "	Kero ic len	1: hear	1 04100	2m		glan	
	cause (a), stoting the <u>under-</u> lying cause last	DUE TO		a asterby				ve-	
	5	est cust	to the second se	NOT RELATED TO THE TERMI	NAL DISEASE CON	IDITION GIVEN	IN PART I(o)	PERFORMED? YES NO	
	20g ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E.	ING () 206. DESCRI OF DEATH KAMINER)	BE HOW INJURY OCCURRE	CENTER NOTURE OF INJURY IN F	art I or Parl 11 of	item 18.)			
	20c. TIME OF INJURY Month, Hour a, m, p. m.	While	JRY OCCURRED 20e PL Not white fo	ACE OF INJURY (Hame, farm ctory, street, affice bldg., etc.	, 20f. (City or tax	wn)	(County)	(State)	
	21. I certify that I after alive on Nov. 23		7 V	1957, to No occurred at 4,104	مرکک بعر M, from the	, 19 <u>57,11</u>	hat I last so	ow the decease	
4	ACTUAL SIGNATURE	Juzemo	•		ADDRESS (Street, c	ity or town, state		DATE SIGNE	
	PHYSICIAN'S NAME (Type)	rgeman		Hyattsvi	lle, Md	l •			
	220 BURIAL, CREMATION, 226 DA REMOVAL (Specify) BUT 181 11		Prospect Hi	R CREMATORY 11 Cemetery	, Washi	c ty, town, or co		(Stale)	
	23. FUNERAL DIRECTOR'S SIGNATU	Bens G-	RIVORDALE	Mo, DATE	BY REGISTRAR	24b REGISTRA	AR'S SIGNATUI	RE	
ŀ					26 57		# #		

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attenting physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attention physician and completely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attention and completely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate death.

.7.

VS A15 (4) 15M 9/S5

BUREAU V. S.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY o. STATE b. COUNTY be filed MARYLAND Morvland Primar funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) bloods Greenbelt d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Laurel puo .5 4. DATE OF DEATH NAME OF First Middle last Month DECEASED TTTTM (Type or print) MOV 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years B. DATE OF BIRTH last birthgay) Mala . "ni te WIDOWED [DIVORCED T Sen yes. popers. сотр 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) death. during most of working life, even if retired) Scotland National Security Gov 1t 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physicion Henry Charles Hart Isabelle Kev nove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Elizabeth Hart ottending Greenbelt 18. CAUSE OF DEATH [Enter only one couse per like for (o), /6), and (c).] 7 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ģ permit. Conditions, if any, which gned gove rise to immediate DUE TO couse (a), stating the underlying couse lost. (c) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port II of item 18.) CERT

IF UNDER I YEAR IF UNDER 24 HRS Months Davs 12. CITIZEN OF WHAT COUNTRY! USA INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY PERFORMED? YES NO I 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) o. n. While Not while at work 🗀 at work p. m. 21. I certify that I attended the deceased from ta that I last saw the deceased alive an PM, from the causes and an the date stated above. and that death occurred ADDRESS (Street, city or town, DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S Greenbelt, NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Hyattsville, Md. NOV 1 957 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Gasch's Sons Hyattsville Md. DATE MON TY

e. IS RESIDENCE

Day

ON A FARM?

YES NO TA

Year

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hours certificate DIRECTOR: plnods FUNERAL I VS A15 (4) 15M 9/55

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BUREAU V. S.

NOV 7 1957

CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY b. COUNTY MARYLAND Prince George's Marvland Prince George!s b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest fown) 7 Days Cheverly Lanham d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION
Prince George's General / d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 8709 YES NO NO Annapolis Road NAME OF DECEASED 4. DATE Middle Year OF DEATH FRANK D. HASKELL (Type or print) 19 57 Nov 5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH 9. AGE (In years lost birthday) Months Days WIDOWED [7] DIVORCED [7] 11 May 1905 WILL. 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Civil Engineer U S Government Marvland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Frank B. Haskell Sr Elizabeth Lanham 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Beulah M Haskell none Lanham, Md. no. 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAYED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES A NO 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m While Not while at work at work 21. I certify that Lattended the deceased from 11.19.57 Lithat I last saw the deceased alive an and that death accurred at I I M, from the causes and an the date stated above. ADDRESS (Street, city or lown, stole) DATE SIGNED ACTUAL SIGNATURE 4314 Gallatin St Hyattsville Md 11/26/5 A. Bergmann Hyattsville, Md. PHYSICIAN'S NAME (Type)

220. BURIAL CREMATION | 22b. DATE THEREOF REMOVAL (Specify) 11/29/57 Burial

Manual of Cemetery or Crematory Whitfield Cemetery **ADDRESS**

Hvattsville, Md.

240. RECUER SGISTEAR DATE

22d. LOCATION (City, fown, or county)

(Stote) Lanham, Maryland.

23. FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons

245 REGISTRAR'S SIGNATURE

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Z	43	9	-1	0
DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deap is necessory, pleas	execute the certificate, writing the word "pending" in pencit in Item, 18 Give Pages 1, 2, and 3 to the funeral director. Page	0	TUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 x. The Store Board of Health	Is designated agent, prior to burial, cremation, or removal, and in any event within 72 haurs offer death.
PC	ofe	200	뿐	- N
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YEAR IF UNDER 24 Days Hours Min.
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NTERFAL BETWEEN ONSET AND BEATH
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240 REC'D BY REGISTRAR

F Gasch's Sons Hyattsville, Md.

ADDRESS

23. FUNERAL DIRECTOR'S SIGNATURE

246 REGISTRAR S SIGNATURE

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BUREAU V. Z.

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: 122	23 M	EDICAL	EXAMINER	'S CERTIFICA	TE OF DEA	TH Reg. Dis	エルルジリー: st, No.
PLACE OF DEATH	man.	2		2 USUAL RESIDENCE	(Where deceased fived	Finstitution, Residen	nce before admission)
]	rince Geor		MARYLAN	-	LATSING		Geo.
b CITY OR TOWN (ond give nearest ow	flouis de corporale limits, wri n)	Fe RURAL	c. LENGTH OF STAY IN 1	b c CITY OR TOWN	(If outside corporate lim		g ve neorest town) 💡
	verly		D.O.A.	A Lanha	a, Marylan	d	
d. NAME OF HOSPI	TAL OR INSTITUTION	(If not in hospit	al, give street oddress)	d. STREET ADDRESS			e IS RESIDE OF
Prince	Georges G	eneral	Hospiral	940	9 Dubarry	Avenue	YES NO
3 NAME OF DECEASED	Fi	rs)	M ddle	Los	4. DATE OF	Month	Doy Year
(Type or print)	Lorr			Hinkle	DEATH NO	vember	14, 19 57
5, SEX	6 COLOR OR RACE		NEVER MARRIEDE	B DATE OF BIRTH	9 AGE fait birt		YEAR IF UNDER 24 HR
Female	white	WIDOWED		9-23-57		yes Holths E	Tools I will.
10a. USUAL OCCUPATI during most of worki	ON (Give kind of work ng life, even if retired)	done 10b Kil	ID OF BUS NESS OR IND	USTRY 11 BIRTHPLACE (510	te or foreign country)	12 CITIZ	EN OF WHAT COUNTRY
****			*********	Washing	ton, D.C.		J.S.A.
13. FATHER'S NAME	*******	1-9 a		14. MOTHER S MAIDEN			
Lak	rence Hin	KT6			Margaret A	Toright	
15 WAS DECEASED ET	/ER IN U.S. ARMED FC (If yes, give war or dales o		OCIAL SECURITY NO 17	Lawrence H	inkle; sam	Address # 2	
18 CAUSE OF DEA	LTH [Enter only one co	use per line for	(o), (b), ond (c)]		and the same		INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:		Suffocat	lon			ONSET AND DEATH
921.0	IMMEDIATE CAUSE (d		0.42.0000		The second section of the second seco		- w 1991
Conditions, if			Asniratio	on of stomach	contents		
gove rise to imme	idiate cause						
cours fast.	underlying (d						
Z PART H. OT	HER SIGNIFICANT CON	NDITIONS CON	TRIBUTING TO DEATH BU	IT NOT RELATED TO THE TER	MINALDISEASE CONDIT	ION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
PART H. OT							YES NO
200. EXTERNAL CA	USE WAS 2	Ob DESCRIBE I	TOW INJURY OCCURRED	(Enter nature of injury in P	art f ar Port (I of item 1	5)	
		Aspi	rated vomitu	s while lying	g in crib.		
20c. TIME OF INJU	IRY Month, Day, Ye	ior 20d, IN.	JURY OCCURRED 200.	PLACE OF INJURY (Home, fo octory, street, office bldg., e	rm. 20f. (City or fewn)	(Cour	nty) (State)
9.20	11-14-57		Not while at work	Home	Lanhan	Pr. G	eo. Md.
21 I certify t	hat I took chorg	e of the re	moins described a	bove, held an Autop	sy 🔀, Inspectio	on III. Inquiry	ond in my
opinion death	resulted from-	Notural co	uses 🔲, Acciden	t 🔣, Suicide 🔲,	Homicide [],	Undetermined m	onner 🔲
	/	, 1,					7
SIGNATURE 1	Jan J M	Jalon	2615	MD CHIEF MEDICAL	EXAMINER [BATE SIGNED
EXAMINER'S		, ,	//	ASSISTANT MEDI	ICAL EXAMINER		
NAME (Type)	John T. M	aloney,	M.D	DEPUTY MEDICA	E EXAMINED DE	November	15, 1957
220 BURIAL CREMATIO	ON, 226 DATE THERE		NAME OF CEMETERY		220 LOCATION (CIT	y, town, or county)	(State)
Burial	11/18/5	7	-	hra Cemeter		ery Penns	w .
23 FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		C'D BY REGISHAR Y2	th REGISTRAR'S SIG	NATURE
F. Gasch	's Sons	Hyatt	sville, Md.	DATE	10v 2 0 57	2001-	4 -
,						With edu	1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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BUREAU V. &

NOV 20, 1957

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

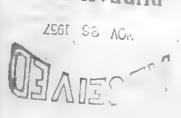
12265 **CERTIFICATE OF DEATH**

12237 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Prince	e Georges	Coup	ity MARYI		2. USUAL RESIDENCE (Who STAMaryland	re deceased	lived If institution b. COUNTY				
B. CITY OR TOWN (III	flootside corporate limit	s, write	4 month		a. CITY OR TOWN (If ou		ote limits, write RI	URAL and g	ive nea	rest towr	1}
OR INSTITUTION	At (If not in hospitol, generated States				d. STREET ADDRESS / 2307 Semi	inole	Street				SIDENCE L FARM? NO X
3 NAME OF DECEASED (Type or print)	Charles		Middle argan	Но	dge Jr.	4. DATE OF DEATH	Nove	mber	20	3,	7egr 1957.
s sex male	d. COLOR OR RACE white	7. MARI	RIED NEVER MARRIE		DATE OF BIRTH April 2, 187		9. AGE (In years gast birthday) yrs.	IF UNDER Months	Doys	ff UNDI	ER 24 HRS Min.
10a. USUAL OCCUPATIOn during most of work Retired	ON (Give kind of work or king life, even if retired)		kind of Business of Watchman	R INDUST	South Car	-				F WHAT	COUNTRYS
13. FATHER'S NAME Char	les D. Ho	dge			14 MOTHER'S MAIDEN N. ? Yarbo	AME orough	1				
15. WAS DECEASED EVEI [Yes, no or unknown]	R IN U. S ARMED FOR (If yes, give war or dates of se DO	feerman	SOCIAL SECURITY NO 50 07 3044		ormant Wilmer Perk:	ins A	delphi,				
	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which mediate	Con Vi	restination (c).		Citure				ONS	EVAL BE ET AND	DEATH
ZY ZY		Carc	indma of lu	mC	OT RELATED TO THE TERMIN			EN IN PART	1(0) 1	PERFO	ALTOPSY DRMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy, Ye		NJURY OCCURRED		(Enter nature of injury in P			10	ounty)		(State)
20c. TIME OF INJUR Hour a.m.	19	While		facto	ory, street, office bldg., etc.)			,-			
olive an Nov		101		death	3., 19.57., to. Mooccurred of 1:15; b. 7206 Coloss	M, from	the causes o	ind on th	ne dal	te state D	ed above
270 BURIAL CREMATIO	11/22/	57	22c. NAME OF CEMI	TERY OR	morel.	time	restu		フィ	(Slot	(e) /
23. FUNERAL DIRECTOR	S SIGNATURE	L ,	ADDRESS Lile	ru.l	he DATE	BY REGISTR	RAR 246 REGIS	STRAR'S SIC	SNATUR	RE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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FUNERAL DIRECTOR:

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MARYLAND STATE DEPARTMENT

HEALTH—BALTIMORE. 18

BUNEAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8
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12225 CERTIFICATE OF DEATH

12240

Rea. Dist. No. . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Prince Georges Prince Georges c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If autside carporale limits, write RURAL and give nearest fown) RURAL and give negrest fown) 5 Yrs. Laurel Laurel. e. IS RESIDENCE d NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS OR INSTITUTION HOSPITA YES NO Laurel Md. LAURLE 4. DATE NAME OF Forst Middle Manth Year DECEASED OF DEATH (Type or print) 9. AGE (In year) last birthday) 6. COLOR OR RACE IF UNDER IF UNDER 24 HRS 5. SEX MARRIED NEVER MARRIED 8. DATE OF BIRTH Manths Days Hours Apr 20 18 73 DIVORCED [7] WIDOWED | 100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Police Wash D.C. Police man U_S_A 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John M Howard Clara Conrad. IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Frank R Howard. 1020 University Blvd E. Son. 18. CAUSE OF DEATH [Enter only one cause ge INTERVAL BETWEEN ne for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMEDA YES 🗍 20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE NOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Part II at item 18.) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) factory, street, affice bldg., etc.) Hour a. m While Nat while at work at wark attended the deceased fram. 21. I certify that/ 19____that I last saw the deceased alive on_ occurred at 112 126 14. fram the causes and an the date stated above. ADDRESS (Street, city or lawn, stafe) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Typp) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22d LOCATION (City, Jawn, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Washington D.C RURIAL 23. FUNERAL DIRECTOR'S SIGNATURE Marker'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATEN

VS A15 (4)

BUREAU V. K.

NOV 7 1357

12241

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

COUNTY				here deceased lived. It institutions versus	ice before burniston;
Prince Georges MARYLAND			a STATE Maryland b. COUNTY Prince Georges		
1 D. CITT OK TOYYN (If outside corporate limits, write KURAL C. LENGTH OF STAY IN TO			c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown)		
Hillside 3½ months			Hillside		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)			d. STREET ADDRESS		o, IS RESIDENCE ON A FARM?
6234 Marlboro Pike			6234 Marl	boro Pike	YES NO 🔼
3. NAME OF DECEASED (Type or print)	JOSEPH	Middle CYRUS	HOYLE	4. DATE Month OF DEATH November 17	th, 19 57
5. SEX 6. C	OLOR OR RACE 7- MARRIE	D NEVER MARRIED 8.	DATE OF BIRTH	9 AGE (n years IF UNDER)	YEAR IF UNDER 24 HRS
Male W	hite wipower	DIVORCED 🔲	Dec. 20th, 18	84 72 yrs. Months C	Days Hours Min.
10a. USUAL OCCUPATION (Gi during most of working life,	ive kind of work done 10b. K	IND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Stote of	or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
Locomotive	Engineer Re	tired Kailro	ad Morgan	County, W. Va. U	SA
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
Henry C. He	oyle		Rachael	Prichard	
15. WAS DECEASED EVER IN		SOCIAL SECURITY NO. 17. IN	FORMANT		side.Md.
	None 2	17-12-9729 M	Irs.Helen B	. Smith, 6234 Ma	rlboro Pik
18. CAUSE OF DEATH [E	nter only one cause per line			1 ,	INTERVAL BETWEEN
PART I, DEATH WA	,	76,220ch	whicher.	ad house.	ONSET AND DEATH
, x0,0	DUE TO			**	
Conditions, if any, w					
gove rise to immediate a					
cause lost.	(c)				
Z PART H. OTHER SIC	SHIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NALD.SEASE CONDITION G YEN IN PART	
5 . Y 1676	rle, milh	. 61)			YES NO Z
PART 11. OTHER SIG	AS DESCRIBE	HOW INJURY OCCURRED. (E	nter noture of injury in Part	E or Part II of Hem 38.)	
20c. TIME OF INJURY	While		E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or town) (Caus	nly) (Stote)
		emains described above	re, held on Autopsy	, Inspection X Inquiry	(XI), and find that
	-	🖟 Accident 🔲, Suid			. Gaser
1 1 /	1111/				DATE SIGNED
SIGNATURE +4.77	,2=17/esta	1261	_M.D. CHIEF MEDICAL EXA	AMINER []	DATE STOTILD
EXAMINER'S NAME (Type)	John T. Ma	loney. M.D.	ASSISTANT MEDICAL E	12 15 1	5 7
220. BURIAL, CREMATION, 22		22c, NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, or county)	(State)
REMOVAL (Specify) Burial N	ov.20/1957	Rose Hill Ce	metery	Hagerstown, Md.	. 11
23. FUNERAL DIRECTOR'S SIGI	NATURE	ADDRESS	24a REC'D	BY REGISTRAR 26 REGISTRAR'S SIG	
W.W.Chamber	s Company,	Riverdale, N	Ad. DATE NO	DV 2 1 '5/ Chi edu	

VS A15ME(5) 5M 9/55

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KULLEAU V. K.

BACEDER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

R W Charles

2927

WAR SEN EU

- 12227 CERTIFICATE OF DEATH

12243

	110	W 14 0							Ref	g. Dist.	No.	
1. PLACE OF DEATH					USUAL RESI	DENCE (Who	re deceased			esidence	betare admissio	n)
	e Georges		MARYLA	ND	Ma	ryland	1	b. COU	MTY]	Pri n	ce Geor	ges
PilPAL and give	I (If outside corporate limit		c. LENGTH OF STAY IN	- 11		TOWN (If ou	Iside corpo	ote limits, wri	te RURAL	and give	nearest town)	
XXX	XXXXXXChev	erl	16hrs 35	mir	1.	Beltsv	ville.	Maryl	and			
	P TAL (If not in hospital, a				d STREET	DDRESS				T) 3	e, IS RESID	ENCE
77	rince George	s Ge	neral		L	and the second	XXXX	reeny	6 00	Rd.	ON A F	
3. NAME OF DECEASED	Fin	ŝ	Middle		Los	1	4. DATE		Month		,	tor
(Type or print)	Robert		Eugen		Isles		DEATH	13	oveni			57
5 SEX	6. COLOR OR RACE	7. MORR	100 TONEVER MARRIED	- Table	DATE OF BIRT			AGE (In ye lost birthdo			EAR IF UNDER	24 HRS Min.
Male	Whit				Peb.5,			9	угь.	DE LEGI	sys Hours	PAIR.
100. USUAL OCCUPA during most of w	TION (Give kind of work dorking life, even if retired)	lone 10b	KIND OF BUSINESS OR	INDUSTR	Y 11 BIRTHPE	ACE (State o	or foreign co	untry)	17	2. CITIZE	N OF WHAT C	OUNTRY
Chi			Student		Rive	rdale	e. Ma	rylan	d	U.	S.A.	
13. FATHER'S NAME					14 MOTHER'S	MAIDEN N	AME					
Martin	J. Isles			İ		Bei	rtha	M. Co				
15. WAS DECEASED E	VER IN U. S. ARMED FORD		SOCIAL SECURITY NO.	17 INF	DRMANT				Address 4	412	Greer	IWOO
No	None		None	Mrs	.Bert	ha M.	Isl	es R	d.,0	ree	nbelt,	Md.
18. CAUSE OF D	EATH [Enter only one co	ne per li	ne for (a), (b), and (c).			/					INTERVAL BETY	
PART I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE (o)	K	inimati	711	yeu	Curi					ONSET AND D	EATH
	DUE TO	-	11/1/	1	7)						- property	<u> </u>
Conditions, if		H,	Vanda fir	0.	Barra	a					(: : no.	21
gove rise to	immediate DUS TO	116	1		/VILLV	1	<u></u>				JW. PM	V
lying cause for	ig the unger-	- 6	Dan Man Ca	7710	11/7	1 1	z Cr				sw m	w.
	THER SIGNIFICANT CON	DITIONS (CONTR BUTING TO DEATH	I BUT NO	OT RELATED TO	THE TERMIN	IAL DISEASE	CONDITION	GIVEN IN	J PART 1	ot 19. WAS AL	HOPSY
NO PART II. C			J		,	1			Q	* 1 / 1111 14	PERFORI YES	MED?
	WAS UNDERLYING []	20b. DESC	CRIBE HOW INJURY OCC	URRED. I	Enter notate o	f animary in Pa	ort Lor Port	II of item 18	1	· · · · · · · ·	1 10 0	NO []
OR CONTRIBUTING (IF EITHER, NOTI	OF CAUSE OF DEATH					,(,						
	URY Month, Day, Yea			e PLACI	OF INJURY (Home, form,	20f (Cily	or lown)		(Cou	nty)	(State)
Hour e. m	10	While st wor	Not white	TOCIOS	y, arreer, orrico	s blog., etc.)						
21 1 continu	that I attended the	deceas	ad from 11:27-	5 7	10	n 11	178	577 10	Als.	- L I I	A amount Alban and	
alive an/	/ 27 (1)	10	, and that d			- 5		/			it saw the d	
alive an22	-3	_, 12	, and inai a	eoin o	ccurred at			i The Cause reet, city or to				l above E SIGNED
ACTUAL	Bullin 51	nu	416/1/120	<u>L_M.</u>	300	.~/			wii, sidiej	2010	6. 1	11. 28
SIGNATURE	scima. 19	, coc	7 11000	<u>~ M.</u> I) <u>Ser</u> e.	1 5 54	10016	y L. M.	V-491	LEVE	27130.1	1-8-Ch.
PHYSICIAN'S B	ertha Van Ge	lder	en. M.D.		300	1 Che	verl	Y Ave	Ch	eve	fly.Md	2
	HON, 226. DATE THEREO	F	22c. NAME OF CEMETE	RY OR C				ION (City, toy			(State)	
RGMOVAL (Speci Buris	9 9 9 7 7 7 9 9	7	Meadowrid	ge	Cemete						Count	
23 FUNERAL DIRECTO			ADDRESS				BY REGIST		EGISTRAR			
W. W.	CHAMBERS	CO.	, Riverdal	Le,	Md.	DATE 1	ner o	757	200 /		- /	
							Mile Marie	. 371	3.1 -	4.3		

BUREAU V. 8.

DECEINED.

MARYLAND STATE DEPARTMENT

OF HEALTH—BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12245 12268 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Remilence before admission) o. COUNTY 6. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and pive geasest loyn d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Middle Day Year DECEASED OF DEATH (Type or print) 19 5 5. SEX 6. COLOR OR RACE 7. MARRIED MEVER MARRIED B. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Hours DIVORCED [WIDOWED [100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAT Address Iff yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEFN ONSET AND DE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19 PERFORMED? YES 🔲 NO 🂢 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part I or Part II of item 18.] 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Q. fl. Nat while at work at work 21. I certify that I attended the deceased from that I last saw the deceased and that death occurred LM, from the causes and on the date stated above. ADDRESS [Street City or town, state] ACTUAL SIGNATURE NAME (Type 220 SURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, EOCATION (City, lawn, or county) (Stope) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 236. REGISTRAR'S SIGNATURE RECOD BY REGISTRAR

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VS A15 (4) 1SM 9/55

100 A 000 CO

BULLEAU V. S

DATE WOV TREGING FAR

NER 0

15M 9/55

REMOVAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE

SE 'A DYBOTT

7881 61 VOV

MEALECE

VS A1S (4) 15M 9/55 130

12247

12228

CERTIFICATE OF DEATH

Reg. Dist. No.

								Reg. Dis	.,
7		COUNTY	inice (1	Penge M	ARYLAND	2. USUAL RESIDENCE (Who o. STATE And		f Institution: Resistence	e before admission)
	ŀ	RURAL and give no	outside corporate lights, prest town!	, write CATENGTH OF S	TAY IN 1b	c. CITY OF TOWN (If of	pride corporate limits	, write RURAL and g	ive migrest town)
		OR INSTITUTION	author not in hospital, give	e street oddress)		d STREET ADDRESS	aus!	1+	IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED Type or print)	Rinst		ddle	(ens)	OF DEATH	Month	, Day Year
	5 . \$	EX	1///	7. MARRIED NEVER MA	RCED	DATE OF BIRTH	9. AGE (lost bi	rthday) Months	TYEAR IF UNDER 24 HRS Days Hours Min.
1	100	during most/of work	N (Give kind of work doing life, even if retired)	one 10b. KIND OF BUSINES	SS OR INDUST	TAY 11. BIRTHPLACE (Sfole of	. 17	L 12 CITI	ZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME	dolph	anders		14. MOTHER'S MAIDEN N	AME	behin	
0	15 (Yes	WAS DECEASED EVER	IN U. S ARMED FORCE	ES? 16. SOCIAL SECURITY	NO. 17. IN	FORMANT Visas	nim S	Address	Pour Mr
			TH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO	se per lipe for (a), (b), and	(c).]	Hear	Alma,	char	INTERVAL BETWEEN ONSET AND DEATH
	NO	gave rise to in catse (a), stating t lying cause lost.	he under- (c)_	ITIONS CONTRIBUTING TO	DEATH BUT N	NOT RELATED TO THE TERMIN	NAL DISEASE CONDIT	TION GIVEN IN PART	I(o) 19 WAS AUTOPSY
	CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING [] 2	ROB. DESCRIBE HOW INJUR	Y OCCURRED	. (Enter nature of injury in P	ort I or Port II of item	n 18.)	PERFORMED? YES NO
		OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY	CAUSE OF DEATH	20d INJURY OCCURRED	70. N.A.	CE AC WHIRM M	ans into		
	MEDICAL	Hour o.m _ p. m	Month, Doy, Year	While Nor White of work at work	foct	CE OF INJURY (Home, form, ory, street, office bidg , etc.)	Zor. (City dr Yown)	-	ounty) (State)
		21. I certify the	at attended the a	75	hat death			ouses and on th	ast saw the deceased to date stated above.
/		ACTUAL SIGNATURE	13 ft	maid	M	10 314 C	DORESS (Street, city	or lown, state)	Laure signes
		PHYSICIAN'S NAME (Type)	1/35ts	ward			an	2-	
		MEMOVAL (Specify)	N. 226. DATE THEREOF	157 Amy	EMETERY OR	Cemeter	22d. LOCATION (City	1 M	(Stote)
4	23.	funeral director	BOMOLAGOT	2 Louble	ma	DATE	by registrar V 2 6 '57	A REGISTRAR'S SICH	3//

Z .V UAET"

MON SE 1027

DEMISO

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12192 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

o .	12	248/
Reg. Dis	No.	143

	1	
FOR HEALT	STAT	TÉ EPT.
DEPUTY MEDICAL EXAMINER: This certificate should be executed within \$2 hours ofter death. If any delay is necessary, please execute the certificate, writing the word "pending" in pending its Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 mounts retained for your files. NERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 w to a stock Baard of Health,	Is designated agent, prior to buriol, cremation, or removal, and in any event within 72 hours after death.	00

1 PLACE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)

	. COUNTY	Prince Geor	res	M	ARYLAND	o. STATE M	aryl	and	b. cou	NTY	Princ	ce George
Ь		outs de corporate limits write		c LENGTH OF ST	AY IN 16	c CITY OR TO	WN (IF a	ulside corj	porote limits, wi	ite RURAL	ond give n	neoresi town)
		Rainier		2 year	8	/ M	ount	Rair	nier			
d		at or institution (If not in hosp	oital, give street ad	dress)	d STREET ADDI		ndel	Road			VES NO
1	NAME OF DECEASED Type or print)	Fir		Middle Louise		lor ilcullen	4	DATE OF DEATH		onth mber	Doy 30	Yeor 19 57
5. 5		6 COLOR OR RACE						VEATH	To AGE IS SAN	TIETIN	-	TIF UNDER 24 HR
	Female	White	WIDOWED			9-4-12			last birthdays	Mont		Hours Min.
d	luring most of working	ON (Give kind of work to life, even if retired) tive Assist		U.S.Govt		Y 11. BIRTHPLACE Delawa		foreign c	country)	12	U.S.	•A•
13.	FATHER'S NAME	Middleton				14. MOTHER'S MAI	Ani		fcKee			
	WAS DECEASED EV	ER IN U.S. ARMED FO		OCIAL SECURITY I		FORMANT		^	Addr		^	
,,,,,	No.	(11)41 9.10 101 01 00 01 0		~	Jo	oseph P K	ilou	llen	same a	iddre	5\$	
		TH Enter only one cou	se per line l	or (o), (b), ond (c)]						TINTE	RVAL BETWEEN ET AND DEATH
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE [6]	A	cute cong	estiv	e heart f	ailu	re				
	442x	DUE TO									T	
	Conditions, if o		C	ardiovasc	ular :	renal dis	erse					
	gave rise to imme (a), stating the	PALAE PA										
	couse lost.	(c)		<u> </u>								
CATION	PART II, OTI	HER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO D	EATH BUT NO	OT RELATED TO THE	TERMIN	AL DISEAS	E CONDITION (GIVEN IN		PERFORMED?
CERTIFIC	20g. EXTERNAL CAPPRIMARY OF CO	USE WAS NTRIBUTING []	b DESCRIBE	HOW INJURY OC	CURRED. (En	iler noture of injury	in Port I	or Part II	of stem 18.)			E. Carrie
MEDICAL	20c. TIME OF INJU Hour o.m.	RY Month, Day, Yes	White		20e PLAC factor	E OF INJURY (Homey, street, office bld	e, form, g., etc.)	20f (City	y or town)	r 700 100 100 100 100 100 100 100 100 100	(County)	(State)
		hat I took charge	of the r	emains descri	bed abov	e, held on Au	rtopsy	□. h	nspection A	loc	uiry X	, and in my
		resulted from.		_			tota .		, Unde			
	ACTUAL SIGNATURE	ohn 29	Mal	mey_		M D CHIEF MEDI		-				DATE SIGNED
	EXAMINER'S		42.			ASSISTANT						
	NAME (Type)		Valone	-		DEPUTY MED			_			1957
220	BURIAL, CREMATIC REMOVAL (Specify)		457	Mt. 01	NETERY OR O	CEMET	FRY	29 TOCY	TION (Cily, low	16-T	ON	Do C
23	FUNERAL DIRECTOR	'S SIGNATURE	1/-	ADDRESS 3200-	R. 2. a	ve Pi	LIEED	REGIST	RAR 245. 86	DISTRAR !	SIGNATU	RE
	Lallays	Tuneral	Hans	net /	Paine	in met of	THE U	0 1	1331/	ame	aseo	erez.
	V					•			V			1

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DEC + 1957

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
سيون	12270 CERTIFICATE OF DEATH Reg. Dist. No. 12249
Med dia dia	1. PLACE OF DEATH O COUNTY PRINCE GEORGE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) O. STATE DIST. OF B. COUNTY UMBIA
funeral print	b. CITY OR JOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest fown) RURAL and give nearest fown) WASH (NGTON)
by the fun	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION DALE HOSP, 3529 14th ST, N,W, YES D NO DA
illed in	3 NAME OF DECEASED (Type or print) Niddle NONE) Lost 4. DATE Month Day Year OF DEATH Nonth Day Year OF DEATH Nonth Day Year OF DEATH
Ple Transfer	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH WIDOWED DIVORCED B DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min
and completed bon papers	10a. USUAL OCCUPATION (Give kind of work done of the line of the l
physician a may carbo hours offer	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CATHERINE RAMSEY
b V	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT DECEASED Address WKNOWN DECEASED Address
by the attending 1. Then please r y event within 72	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SI) F-O CATION DUE TO Conditions, if only, which) (b) ASPIRATION FROM FISTING TO DAV
an. signed and in an	gave rise to immediate cause (a), stating the under DUE TO CARCINOM A OF ESOPHAGUS 2 MOS,
physicionas beer rial-tran naval, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16: 19. WAS AUTOPSY PULMONARY TUBERCULOSIS: ARTERIOSCUEROTIC HEART DISCARDIAL PARCTION YES IN NO
ificate of the burner of the b	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 1B.)
tal or all this cert in use as remarkant	20c. TIME OF INJURY Month, Day, Year Not while at wark of wark
t: After ached fo	21. I certify that I attended the deceased from 976, 1933, ta 11/6, 1957, that I last saw the deceased alive an 125, and that death accurred at 25 PM, from the causes and an the date stated above
ed by the RECTON be determined to be det	ACTUAL SIGNATURE MAN WWW M.D. GCENN DALE HOSP. 11/16/57
RAL DI shauld istrar pr	PHYSICIAN'S MOE WEISS M.D. GLENN DACE, MD.
From Services	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (State) Little 11/19/57 Slenwood Unelling Washington
VS A15 (4) 15M 9/55	23. FUNERAL DIRECTOR'S SIGNATURE LIVIA COLOR S SIGNATURE LIVIA COLOR S SIGNATURE LIVIA COLOR S SIGNATURE DATE NOV 1 9 '57 Oct 1

ACT OF ACT

STEPP A. K.

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12229

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12250

200	Dist	No	

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission)
O. COUNTY, TELLCI CICALIAN MARYLAND	a. STATE The County
b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 15	c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town)
and green record town)	Coin Hull
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS (C. S.
Lance Ochagos Schemal Hospie	Ses Aluvital St VES NO E
3. NAME OF DECEASED (Type or print) Bentha Lynnada	Lene G DATE Month Doy Year 30 1957
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH P. AGE In yours IF UNDER LYEAR IF UNDER 24 HRS.
TITULE LITEL WIDOWED DIVORCED	24 yn.
10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Houseuch (oun Hom	(Vinginia 121, S. C.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Cancat 11 Healt	1 Estelle Constable
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT / G Address / G. for ither o-
he lone h	Caustly (Vittet orcentett, hell
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND GEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Toxame
971.6 DUE TO 47	
Conditions, if any, which) (b)	sestreties -
gave rise to immediate couse [o], stating the underlying DUE TO	(h)). ().
couse last. (c) Source 7	marie Vorsoning
PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (b) 19 WAS AUTOPSY PERFORMED?
3	YES_IZ NO []
PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS PRIMARY GO OF CONTRIBUTING CO. 201. DESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in Port I or Port II of item 18.)
700000	solution of such forson
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PL	ACE OF INJURY (Home, farm, 20th (City or fown) (County) (State)
* / - 30 19 J / of work 1 of work	tome Odow Hell Is, Ky
21. I certify that I took charge of the remains described ab	ove, held an Autopsy . Inspection I Inquiry P. and find that
death resulted fram: Natural couses , Accident , Su	icide 🖳 Homicide 🔲 , Undetermined couse 🔲 .
	7
SIGNATURE COMPANY	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S //	ASSISTANT MEDICAL EXAMINER
NAME (Type) AMES L. DOVO	DEPUTY MEDICAL EXAMINER 1 Nec 1 195
220. BURIAL, CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY O.	CREMATORY , 22d. LOCATION (City, town, or county) (Stole)
Devial 12-4-5/ Washingt	on Halle Duitland Mouland
23. FUNERAL DIRECTOR'S SIGNATURE	240. REC'D BY REGISTRAR 246. RECISTRAR'S SIGNATURE
w. w comous a.	DATEDEC 3 '57 PLUTE CONTRACTOR

BUREAU V. S.

DEC + 1275

			MARYL	AND S	TATE DEPA	RTM	ENT OF HE	ALTH-B	ALTIM	ORE, 1	8			
			122	530	CERTI	FICA	TE OF DE	EATH			Reg. Di		22	51
1	1. P	COUNTY	n-wa ma c		MARY	LAND	2. USUAL RESIDER 0. STATE 11917	NCE (Where dec 기기계년	eased lived I	If institutes . COUNTY	n: Residen - ^급	ce before	odmissi B	an)
	t	RURAL and give		ls, write c.	LENGTH OF STAY	IN 1b		WN (If outside o	orporate lin	nits, write RU	RAL and	give near	est iawn)	
77	(OR INSTITUTION	ITAL (If not in hospital, a		iress)		d. STREET ADD	DRESS	Arro			0	. IS RESI ON A YES	FARM?
	ı	IAME OF ECEASED Type or print)	Fin	st .	Middle		Krune	4. DA		Manti	mber	Day		ear
	5. 5		6. COLOR OR RACE		NEVER MARRIE		DATE OF BIRTH	ć -		E (In years birthday)	IF UNDER			-
	_	USUAL OCCUPATI	ION (Give kind of work orking life, even if retired)	lone 10b, KIN			TRY 11. BIRTHPLAC		gn country)	yrs.	12. CIT	IZEN OF	WHAT	COUNTRY?
	13. 1	ATHER'S NAME	t Krumoe				14. MOTHER'S M	AIDEN NAME						
:	15. (Yes,		ER IN U. S. ARMED FOR	CES? 16. 50	CIAL SECURITY NO	, 17, IN	PORMANT	a Hause		Addre				
			ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c)		or (s), (b), and (c).	00	Mother	ai.			abo	INTER	T AND	DEATH
	Z	Conditions, if a gove rise to couse (a), stating lying cause last. Part It. O	immediate DUE TO)	ITRIBUTING TO DE		LULAL LU							
A 1	CERTIFICATION						. (Enter nature of in						PERFOR YES	MED?
	- 4	(IF EITHER, NOTIF) 20c. TIME OF INJU Hour a. p. p. m.		While	RY OCCURRED Not white of work	20e. PLA fac	CE OF INJURY (Horary, street, office bl	me, farm, 20f. (dg., etc.)	(City or tow	n)	(0	County)		(State)
,		21. I certify to alive an actual signature	hat I attended the			death	19. 5 7, accurred at 4 :	15 P.M. f	ram the \$ (Street, ci	causes ar ty ar lown, s	nd an tl	he date	state: DA	leceased d abave. re signed
'		PHYSICIAN'S NAME (Type)	lp, Françi,;	To r Per]									57
	C	BURIAL, CREMATIC REMOVAL (Specify CIDATA OF) UNEXA DIRECTOR	12/11/5/7		ADDRESS		s Genera	1 Hospi	tal,	ity, town, or hever zeb REGIS	ly, l		(State	
42	7	prov W.	Patiny Jr / 1	Acta Frid	trator	/	D	ATE DEC 9						

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, 12231 CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a COUNTY filed Prince Georges b. COUNTY MARYLAND Md. Prince Georges death ero b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b å RURAL and give nearest town) Seat Pleasant, phone Cheverly d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Georges General Hospital 25 Georges Palmer Highway YES 🔲 NO 🔄 puc 5 NAME OF 4. DATE First Middle Day Year DECEASED Lanham 19 57 30. November (Type or print) DEATH 5. SEX 6. COLOR OR RACE IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthday) Months Min. Male 11-29-57 WIDOWED [7] DIVORCED [7] executed 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician Leonard Lanham Gladys Marie Strickland 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 2 Mother guipu as above CAUSE OF DEATH [Enter only one couse per line for (o), (b) INTERVAL BETWEEN ONSET AND DEATH 7 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) 762.5 **DUE TO** ۵ permit. Conditions, if ony, which been signed gave rise to immediate **DUE TO** couse (a), sloting the underphysician. and lying couse lost. burial-transit PART TH. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOLLARS OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Fort II of item 18.) 6 MEDICAL 20c TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o. m While Not while of work of work 21. I certify that I attended the deceased fram. 19.....that I last saw the deceased olive on and that death occurred of M, from the causes and an the date stated above. ADDRESS (Street, city det DATE SIGNED ACTUAL SIGNATURE 100 FUNERAL DIR PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. 22b. DATE THEREO! 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) REMOVAL (Specify) Tince George's General Hospital, Cheverly. Gremation 240. REC'D BY REGISTRAR & TABLE RECUSTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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n 24 ha filled in ges 1 am		3.	NAME OF DECEASED (Type or print) Nellie Rosalia Lee OF DEATH Nov 30 1957
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VS A1S (4)			The S. H. Hines Co. 2901 14th St. N. W. DATE
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUME MARYLAND b, CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 15 OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUFAL and give negrest town) ploods NAME OF HOSPITAL (If not in pospital give street address) STREET ADDRESS IS RESIDENCE OR INSTITUTION YES NO D NAME OF First Middle 4. DATE Month Day Year DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 9. AGE (In years 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS ribdoy) Months WIDOWED DIVORCED yrs. ā 10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) ofter FATHER'S NAME 14. MOTHER'S MAIDEN NAME MOVe 16 SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which permi gned gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Day, Year 20d INJURY OCCURRED 20f. (City or town) (County) (Stote) Hour o. n. factory, street, office bldg., etc.) While Not while of work of work 21. I certify that I attended the deceased from ____,that I last saw the deceased and that death occurred at 1/2/5 DM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION. 22b. DATE THEREOF 220/NAME OF CEMETERY OR CREMATORY 22d COCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATÚRE **ADDRESS** 24a. REC'D BY REGISTRAR 24b/REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

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MARYLAND		OF HEALTH—BALTIMORE, 18	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) e IS RESIDENCE YES 🗔 NO D Year 19 7 IF UNDER I YEAR IF UNDER 24 HRS Months Hours CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN QNSET AND DEATH mounter CMI. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? (County) (Stote) 19.2.7, that I last saw the deceased M, from the causes and on the date stated above. DATE SIGNED 22d LOCATION (City, town, or county) (Stote) 24a. REC'O BY REGISTRAR. 246! REGISTRÁR'S SIGNÁTURE 5 DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4) 15M 9/55

BUTTIN N. 8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12263CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY **b. COUNTY** MARYLAND Marvland Prince George's County Prince George's death. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) å plants Cheverly Cheverly d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? Laurel Avenue YES NO-Prince George's General in band NAME OF Middle Leset Month DECEASED OF DEATH (Type or print) BABY BOY Nov 19 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED TO B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. lost birthdoy) Months 26 Nov 1957 WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRYS during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Joseph Orsini Virginia Ruth Keith 15. WAS DECEASED EVER IN U. 5 ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address Mother as above 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DHE TO ģ ä. ony Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. buriol-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (Stole) foctory, street, office bldg . etc.) Hour o. m. Not while of work of work /26/ 21. I certify that I attended the deceased from ...that I last saw the deceased and that death occurred at 9:15 PeM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) 11/27/57DATE SIGNED 2025 Eyest N.W. Wast. Albert S. Robins PHYSICIAN'S NAME (Type) 11/27/57 FUNER 220 BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fawn, or county) REMOVAL (Specify) Prince George's General Hospital, Cheverly, Md. Gremation 23. FUNERAL DIJECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

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12273	CERTIFICATE OF DEATH	Reg. Dist. No.12264
1. PLACE OF DEATH o. COUNTY RINCE GERGES b. CITY OR TOWN (If outside corporate limits, write c. LENG	MARYLAND O. STATE MARY	b. COUNTY NCC GOOR 6:31 Itside corporate Limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address)	MONTRS PALMO	ER PARK e. 15 RESIDENCE
3 NAME OF FIRST	8200 Mu	NCY ROAD YES NO DY
OFCEASED (Type or print) WAYNE	NM.NI OSBORNE	4. DATE Month Doy Year DEATH 19. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS
6. COLOR OR RACE 7. MARRIED NIDOWED 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF	DIVORCED MARCH 8/187	lost birthday) Months Days Hours Min
during most of working life, even if retired) FINIONARY ENGINEERS WAS TO THE TOTAL OF THE TOTAL	TEZ WAYNE CO	wary, W. VA. 93A
JOHN OSBORNE		voun
[Yes PD. Or Uniconwol] . Iff was owns were or dolor of secure)	SECURITY NO. 17. INFORMANT WOUND JACOB V CHER.	NE, 8200 Mewey to PALMER A.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	onary Throm bosi	INTERVAL RETWEEN ONSET AND DEATH /// /// // // // // // // // // // //
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse fost. (b) DUE TO	terioscleropa Caro	lionastular Disease?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING TO DEATH BUT NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
	W INJURY OCCURRED. (Enter nature of injury in Pa	ort I or Port II of item 18.]
ZOc. TIME OF INJURY Manth, Day, Year 20d. INJURY OF White Not of work of the of work of the control of the cont	while foctory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from alive on Amyembay 4, 19 57.	, and that death occurred at 8 124	M, from the cause and an the date stated above
SIGNATURE William A SSS	on /// 2. 5304 Anna	apolis Rd. Bladensburg MD
NAME (Type) WILLIAM D. ROSSON,	MALONEY, Medical ex.	dminer '
12/3/1957 WA	AME OF CEMETERY OR CREMATORY 2 H NATE COMETERY	MITIMO PRODUCTION (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE AD	DRESS 240. REC'D	BY REGISTRAR 246 REGISTRAR'S BIGMATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12265 . 12274 **CERTIFICATE OF DEATH** Reg. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o COUNTY Filed b. COUNTY death. LENGTH OF STAY IN 16 Pro b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN e Q (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL IN nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC OR INSTITUTION YES NO NAME OF DATE 4. Middle Lost Doy Year DECEASED (Type or print) 0 0 PRI 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 MRS B. DATE OF BIRTH Months Days Hours WIDOWED F DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY! during most of working life, even if retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH <u>a</u> PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which] gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19 WAS AUTOPSY PERFORMED? YES NO IX 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Day, 20e. PLACE OF INJURY (Home, form, Year 20d INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) g. n. While Not while at work of work 19.56 to Nov 20 1957 that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 1 the 14 M, from the causes and an the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) FUNER. 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (State) **GEMOVAL** (Specify) 23/FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12275

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		1	4	Z	6	t
Dist.	No.					

Reg.

	PLACE OF DEATH	Prince Ge	orges	MARYL	AND	2. USUAL RESIDENCE (V		b COUNTY Pr	dence before odm ssion) ince Georges
k	Landover		E KURAL	3 Years	1 16	_ `	outs de corpo lover I	rote limits, write RURAL or	nd give nearest town)
(4202 70th		If not in hasp	olol, give street address)		d STREET ADDRESS	4202	70m Ave.	ON A FARM YES NO
	NAME OF DECEASED (Type or print)	RUF	-	Middle		PENWELL	4 DATE OF DEATH	Month Nov.	5, Yeor 19 57
5. 9	Male	6 COLOR OR RACE White	7. MARRIE	DIVORCED		9-16-09	9	AGE (in years lead by the yes Age that by the yes	R TYEAR IF UNDER 24 HRS
	USUAL OCCUPATION String most of working Auto Mech	g life, even if refired)		ntiac Co.	IDUSTR	West Virg			TIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME Ch	arles Wil	Liam F	enwell		14, MOTHER'S MAIDEN I		gie Smallwo	od
		ER IN U. S. ARMED FO	service)	SOCIAL SECURITY NO. 35-12-1001		ormant rgaret E. I	enwell	Address Same as	#2
	PART 1 DEAT	TH [Enter only one con TH WAS CAUSED BY: IMMEDIATE CAUSE (o			nges	tive heart	failure		INTERVAL BETWEEP.
78	Conditions, if ony, which gove rise to immediate couse O), stating the underlying DUE TO (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY								
ICAL CERTIFICATION	20g. EXTERNAL CAU PRIMARY or COI CAUSE OF DEATH. 20c. TIME OF INJUI	NTRIBUTING 🔲	or 20d. II	NJURY OCCURRED 200	PLAC	er nature of injury in Far	, i 201. (City o		PERFORMED? YES NOTES
MEDICAL	Hour o. m. p. m.	19		k at work		y, street, office bldg., etc.			
opinian deoth resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined manner									,
		ohn T. Male		34		DEPUTY MEDICAL		November	and the second s
j	BURIAL CREMATIO REMOVAL (Specify) BURIAL FUNERAL D RECTOR	111/9/5	- 1	Jew Norbor Address			Ma:		W.Va.

0 VS A15ME 5M 2 57

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If or execute the certificate, writing the word "pending" in pencil in Item 18. Give Eages 1, 2, and 3 to 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may 4 wineral DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 will should a designated agent, prior to buriol, cremation, or removal, and in any event within 72 hours as

BUREAU V. S.

100 IS 1023

BECEINED

12276 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) COUNTY filed 6 EQUNTY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF MOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e, IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF First Middle 4. DATE Lost Manth Day Year (Type or print) DEATH 195 S. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED B DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS AGE (In years lost birthday] Months Days Hours WADOWED T DIVORCED [YF1 100. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY! during most of working life, even if retired) 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Rein 4.20.0 DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NO | 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (County) (Stole) foctory, street, office bldg., etc.) Наят g. n. While Not while ol work p. m. at work 21. I cartify that I sttended the deceased from afhat I last saw the deceased alive on and that death accurred at PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 225. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) EMOVAL (Specify) **EUNERAL DIRECTOR'S SIGNATURE ADDRESS** 249 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A15 (4) TEM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A1S (4) 15M 9/55

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

12277 CERTIFICATE OF DEATH

Reg. Dist. No.

	Prince George's MARYLAND	o. STATE Maryland O. STATE Maryland D. COUNTY Pr. Geo to Co.								
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Oxon Hill, Maryland 2 Years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Oxon Hill, Maryland								
5	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? YES NO IN								
3. NAME OF DECEASED (Type or print) EMEDIO PONZIANO PONZIANO DEATH Nov. 27th. 19										
	Male White WIDOWED DIVORCED	B. DATE OF BIRTH Peb. 5th. 1876 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.								
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Stone Cutter	Teramo, Italy 12 CITIZEN OF WHAT COUNTRY? USA								
	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME								
	Ponziano Ponziano	Unk.								
-	[Yes, no, or unknown] [(if yes, give wer or detail of service)	eresa Ponziano Same # 2								
0	PART I. DEATH WAS CAUSED BY: Caycindua of postatale. will we astars, ONSET AND DEATH DUE TO									
	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port 11 of stem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
	20c. TIME OF INJURY Manth. Day. Year 20d. INJURY OCCURRED Hour o. m. While of work of									
1	21. I certify that I attended the deceased from May alive on Now 25, 1957, and that death ACTUAL SIGNATURE D. ETICHNE Solloy's PHYSICIAN'S DV. ETICHNE SZOILOS.	noccurred at 12 29 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ADDRESS (Street, city or town, state) DATE SIGNED DATE SIGNED								
	220. BURIAL, CREMATION, 22b. DATE THEREOF PRINCIPLE (Specify) Nov. 29-57 Codar Hill Co	formal fo								
,,	23/FUNERAL DIRECTOR'S SIGNATURE	DE Rd. RECD BY REGISTRAR 246 REGISTRAR'S SIGNATURE								

ENLEW SO

ADDRÉSS

REC'D BY REGISTRAR

24b REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING I

23 FUNERAL DIFECTOR'S SIGNATURE

MON SE 1025

filed

FUNER 3 3

15M 9/55

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BUREAU V. S.

9,

7				н	F	Reg. Dist. No.	2271					
	1. PLACE OF DEATH O. COUNTY PRINCE GEORGES MARYLAND					- 11	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY					
	ŀ	CITY OR TOWN (If	outside corporate lim	ils, write	c. LENGTH OF STA	Y IN 16	e. CITY OR TOWN (IF	autsida carporote	limits, write RUR	At and give nec	irest town)	
			TISVILLE		9 уеа	rs		ngton,	D. C.			
		OR INSTITUTION					d. STREET ADDRESS	7744 C	demands	17 10	e. IS RESIDENCE ON A FARM?	
	3 1	SAC NAME OF		T HOI	W.E. Middl		4005 .	13th. S	treet,	N. E.	YES NO	
	Ì	Type or print)	MARG		T		RICHARDS	OF DEATH	NOV	. Do	5. 1957	
	5 5	EX	6. COLOR OR RACE				PATE OF BIRTH	9	AGE (In years IF	UNDER 1 YEAR	IF UNDER 24 HRS	
		FEMALE	WHITINE	WIDOWE	DIVORC	ED 🔲	AUG. 25,	1870	87 yr.	Aonths Days	Hours Min,	
	19a	. USUAL OCCUPATION during most of working	N (G ve kind of working life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUSTR	11 BIRTHPLACE (State	or foreign count	(1/)	12. CITIZEN O	F WHAT COUNTRY	
-)	12	HOUSEWIF	E				IRELA	1.2 (60)		U.	S. A.	
4			TOT TOWN NO				4. MOTHER'S MAIDEN I		T TOMET'S TO			
	15	WILLIAM WAS DECEASED EVER		RCES? 16.	SOCIAL SECURITY N	D. 17. INFO		ERINE F	LEMING		WASH.	
	{Yes	. no. or unknown) (1	f yes, give wor or dotes of	service)		DEL	TA DONOHIE	R SEATS	WISC.	AVE.N.	N. D.C.	
		18. CAUSE OF DEAT	TH [Enter only one c	ouse per lin	e for (a), (b), and (c		. 0	V Tard		INT	RVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY: ONSET AND JAMEDIATE CAUSE (a) CONSET AND JAMEDIATE (a)										129/57	
		**	DUE TO									
		Conditions, if an	madiote				ayear					
		couse (a), stating to	he under-	. 0	200000	2 - 0	Ontra	Volan	ears		28110	
	NO			VDITIONS C	ONTRIBUTING TO D	EASH BUT NO	T RELATED TO THE TERM	INAL DISEASE CO	ONDITION GIVEN	I IN PART 1(a)	9. WAS AUTOPSY	
	CAT										PERFORMED? YES NO NO	
	L CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b DESC	RIBE HOW INJURY	OCCURRED. (Enter noture of injury in	Part I or Part II o	of item 18.)			
	■DICAL	20c. TIME OF INJURY Hour a, n. p. m.	Month, Day, Ye	20d. IN While at work	Not while	20e. PLACE foctory	OF INJURY (Home, farry, street, affice bldg., etc.	m, 20f. (City or	lown)	(County)	(State)	
		21. I certify the	at I attended the	decease	ed from 31	29157	19 to W	1515	7 19	that Llast so	w the decease	
		alive on	1957	, 12	77.9	t death o	curred at 9.20	PM, from 11	7			
		ACTUAL &	0	8	N.		1.150		, city or town, sta		DATE SIGNE	
1		SIGNATURE	Ortro	\leftarrow	- ALLAS	LA CETURAL	met in	1238 M1	CR. AV	N.E.	1112/2	
		PHYSICIAN'S NAME (Type)	0	9	Joh	h_	J Su	Washir	af (1)	D W D)	
	220	BURIAL, CREMATION			22c. NAME OF CEA			22d. LOCATION	(City, Igwn, or o	county)	(Stote)	
	22	FUNERAL DIRECTOR'S	11=18=	5% 80-011			Cometery		ington			
	43.	****	J. COLIA	ns 3	21 14th		N . W . DATE	D BY REGISTRAR	24b. REGISTR	AR'S SIGNATUR	a .	
	_						DAIET	בלרוואס	Hims	Has	Michigan	
										V	-	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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HEALTH DEPT at 3 to the funeral director. Page range of the funeral director. Page range retained for your files was often death TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If or execute the certificate, writing the word "pending" in pendit in Item, 18. Give Poges 1, 2, and 3 to 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may HERAL HERECTOR: Page 3 shauld be a buriol-transit permit. File pages 1 and 2 we as designated agent, prior to Buriol. Bremoto, and in any event within 72 hours of

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12278 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12272

1					Reg. Dist. No.				
1	PLACE OF DEATH		2. USUAL RESIDENCE (W	hore deceased lived. If instituti	on Residence before admission)				
_	o. COUNTY Prince Georges	B MARYLAND	o STATE Mary	Land 6 COUNTY	Pr. Geo.				
	b CITY OR TOWN (* autide corporale lends, write RURAL and give regreat fown) Ritchie	12 years	Ritch	outside corporate limits, write R	(URAL and give nearest town)				
	d. NAME OF HOSPITAL OR INSTITUTION (IF not in 7100 Ritchie Road	hospital, give street address)	d STREET ADDRESS	Ltchie Road	ON A FARIA				
					YES NO X				
	3. NAME OF DECEASED (Type or print) Paul	Clayton :	Shegogue	4 DATE Month OF DEATH NOV.	11 Day YEOT 19 57				
-	5. SEX 6 COLOR OF RACE 7- MA	RRIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years lost bigliday)	Months Days Hours Min.				
	LIST MILT AG	WED DIVORCED	11-17-98	50 yrs					
1	10a USLAL OCCUPATION (Give kind of work done) 100 during most of working life, even if retired) Laborer	6 KIND OF BUSINESS OR INDUSTR R.R.Express	Maryland	or foreign country)	U.S.A.				
	13 FATHER'S NAME James H. Shegogue		14. MOTHER'S MAIDEN N						
	15 WAS DECEASED EVER N U S ARMED FORCES?	16 SOCIAL SECURITY NO 17. IN	FORMANT	Address	ALCO THE SAME OF T				
3.	[Yes, no, or unknown] [If yes, give wor or dates of zervice]	N	ellie Shegogu	ue; Same as #	2				
	18. CAUSE OF DEATH Enter only one couse per li	ine for (o), (b), and (c).]			INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY: Corebral compression								
	1 3/X DUE TO								
	Conditions, if any, which by Spontaneous intracranial hemorrhage								
	gove rise to immodiate couse (a), stating the underlying DUE TO								
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY								
	PART II, OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BLT N	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	PERFORMED?				
	3				YES NO				
	PRIMARY O or CONTRIBUTING C	RIBE HOW INJURY OCCURRED (Er	nter notare of injury in Port	I or Part II of stem 18)					
	1=1	od INJURY OCCURRED 20e PLAC	E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or fown)	(County) (State)				
	Hour e.m.	work of work							
	21. I certify that I took charge of th	e remains described above	re, held on Autopsy	K, Inspection A,	Inquiry 4, ond in my				
	opinion death resulted from. Natura	ol causes 🙀 . Accident [], Suicide [], H	fomicide 🔲. Undeter	mined monner 🔲				
	ACTUAL Jada > 100	,			DATE SIGNED				
	SIGNATURE 1777	11671627	_M.D CHIEF MEDICAL EX						
	EXAMINER'S	w n'/	ASSISTANT MEDICA						
	NAME (Type) John T. M 10		DEPUTY MEDICAL E	21010					
	220 BURIAL CREMATION, 220 DATE THEREOF	22c. NAME OF CEMETERY OR		22d LOCATION (City, town, or	* 7 7				
	23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	Jemetary	S11-tland	IRAN'S SIGNATURE				
		Topper	240. KEC U	BI REGISTRAK 240 KEGIST	RAK S SIGNATURE				
	Fitchic Pros.Pair Pal	Home-Marian oro	PALON:	1857					

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

12240

12273

<u> </u>		7 ~	- X						Kag. D	4ST. NO.		
1	PLACE OF DEATH			MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Pg.							
ļ	Prince			c. LENGTH OF STAY IN		U						
	 CITY OR TOWN (II RURAL and give ne 	outside corporate limits	lb	E. CITY OR TOWN (If ou	tside corpo	prote limits, write R	URAL and	give nea	rest fown)		
	Cheverly,			15 Day:	3	// Owens, Md						
	d NAME OF HOSPIT	AL (If not in hospital, giv	e street i	oddress)		d STREET ADDRESS					. IS RES	DENCE
	Prince Geo	orge General	Hos	spital		1						FARM?
3.	NAME OF	First		Middle		Lost	4. DATE	Man	al.	Do	. 1	egr
	DECEASED (Type or print)	Ell	is S	Silverstone			OF DEATH	No		28		957
5.	SEX .	6. COLOR OR RACE	7. MARR	DECONEVER MARRIED	7 (B. DATE OF BIRTH		9. AGE (In years	IF UNDE	RIYEAR	IF UNDE	R 24 HRS
	Male	W Jewis			_ [lost birthday)	Months	Doys	Hours	Min
100	USUAL OCCUPATIO	N (Give kind of work doing life, even if retired)	ine 10b	KIND OF BUSINESS OR IN	1DUS	TRY 11. BIRTHPLACE (State o	r foreign c	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY?
	Merchant	,,				Liverpool,	Engla	and	I	JSA		
13.	FATHER'S NAME					14 MOTHER'S MAIDEN NA	AME					
	Gedalia Si	lverstone				Rebecca Bak	cer					
	WAS DECEASED EVER	IN U. S ARMED FORC		SOCIAL SECURITY NO. 1	7 IN	FORMANT		Add	Ferra			
,,,		it you, give not or again to to-				Wife		S	ame a	as al	ove	
	18. CAUSE OF DEA	TH [Enter anly one cau	e per lin	e for (a), (b), and (c) 3		1		. 1/	7	/ VINTE	RVAL BE	TWEEN A
		TH WAS CAUSED BY	Δ.			61.	スルス	1 //	1 1	ONS	ET AND	DEATH //
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1	DUE TO ,											
	[Conditions, if any, which] my (D. S. M.) a - Dilateral History (DETEN + thech ansophras's Gara											
	gave rise to immediate									S Ino		
	cause (a), stating the under-								フ			
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS)								LITOREN			
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5				*							YES X	NO 🔲
CERTIFICATION	20g. ACCIDENT WAS	S UNDERLYING [] 2 CAUSE OF DEATH	Ob DESC	RIBE HOW INJURY OCCU	RRED	. (Enter nature of injury in Po	ort I ar Par	t II of item 18.)				4
30 3	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
Š	20c. TIME OF INJURY	Month, Day, Year			PLA	CE OF INJURY (Home, form, lary, street, office bldg , etc.)	20f (City	or tawn)	1	(County)		(State)
MED	Havra.m. p.m	19	While at work	Not while	raci	ory, street, dirice plog , etc.;	,					
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	alive on//_	128	. 190		ath	accurred at 12:1.	M from					
	0.7		.,				DORESS (S			- /		JE SIGNED
	SIGNATURE John B. Bachoch MD. 4/5-14 S. n.w. World C.											
-	/	0010	`	010		6.4.4.4	<i></i>			777	汉 交	57
	PHYSICIAN'S A. NAME (Type)	00/3/1	5.	BACHKA	C	H MID.						
22o	BURIAL TEREMATION	4, 226 DATE THEREOF	-	22c. NAME OF CEMETER	Y OR	CREMATORY	22d. LOCA	TION (City, town, o	or county)		(State	
_]	Burial (Specify)	11/29/57		Friendship 1	Loc			tsville.				
23	FUNERAL DIRECTOR'S	SIGNATURE /		ADDRESS	. /	24a. REC'D				GNATUR	E	
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	0	<i>C</i>										



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4)

DEC + 1921

BUREAU V. F.

ADDRESS

hours after death. within 24 executed thol be retaine FUNERAL DIR 3 should be 0

220. BURIAL, CREMATION,

Buria

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

F. Gasch's Sons

22b. DATE THEREO!

20/57

22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) ort Lincoln Cemetery Colmar Manor, Maryland. -246. REGISTRAR'S STONATURE 24a, REC'D BY REGISTRAR 12 reduch Hyattsville, Maryland. DATENDY 2 0 5

12275

15 RESIDENCE

ON A FARM?

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INTERVAL BETWEEN

ONSET AND DEATH

1 week

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(State)

week

12 CITIZEN OF WHAT COUNTRY?

Days

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(County)



ZEST LO NO.

FOR A ST

Woodlawn Cemetery

3rd Street, S. W.

ADDRESS

901

Washington

FAL REGISTRAR'S S GNATURE

740 REC'D BY REGISTRAR

DATE NOV 1 4 57

VS ATSME

Burial

23. FUNERAL DIRECTOR'S SIGNATURE

John T. Rhines & Co.

11-15-1957

BUREAU V. S.

TO A TEST OF ASIA

1 1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	ر بدر بدر
	12189 CERTIFICATE OF DEATH Reg. Dist. No.	144
Page 4	1. PLACE OF DEATH a. COUNTY RINE & G.D. MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institut.on: Residence before admissed in the county of the	19n)
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cion on cion on cion on cion on cion on corbo	13. FATHER'S NAME WILLIAM FINLEY STYPON SINA	
certific ng physi remow 72 hour	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Town, no. of unknown) (If you, give wor or dones of service) 216-30-3908 Ada R. STVRON - 6.716 -6686	
ottendii ottendii within	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (cl.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BY ON CHO PHEUMONIA INTERVAL BE ONSET AND	TWEEN DEATH
res that the ed by the rmit. Then any event	Conditions, if any, which to Carclivonia of GAII BladdER 4M	onth
cian. cian. en sign onsit pe	cause (a), stating the under DUE TO lying cause last. (c)	ALITOBEY
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ICIAN: attendin rificate as the b	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
inal or this co	Hour a. st. While Not while foctory, street, office bldg , etc.) p. m. 19 at work at work	(State)
ENDING he hosp R: After loched F buriol,	21. I certify that I attended the deceased from UVNE	d abave.
DOR ATT	ACTUAL SIGNATURE + Come R. M: Clelland M.D. 3130 N. 10th St. Arlington 1, Va	ATE SIGNED
ERAL D 3 shault gistror p	PHYSICIÁN'S NAME (Typo)	
O HOS	220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or couply) (State REMOVAL (Specify) 9 NOV 1957 BAYS/CRE CEMATORY 22d. LOCATION (City, town, or couply) (State REMOVAL (Specify) 9 NOV 1957 BAYS/CRE CEMATORY 22d. LOCATION (City, town, or couply) (State REMOVAL (Specify) 9 NOV 1957 BAYS/CREMATORY 22d. LOCATION (City, town, or couply) (State REMOVAL (Specify) 9 NOV 1957 BAYS/CREMATORY 22d. LOCATION (City, town, or couply) (State REMOVAL (Specify) 9 NOV 1957 BAYS/CREMATORY 22d. LOCATION (City, town, or couply) (State REMOVAL (Specify) 9 NOV 1957 BAYS/CREMATORY 22d. LOCATION (City, town, or couply) (State REMOVAL (Specify) 9 NOV 1957 BAYS/CREMATORY 22d. LOCATION (City, town, or couply) (State REMOVAL (Specify) 9 NOV 1957 BAYS/CREMATORY 22d. LOCATION (City, town, or couply) (State REMOVAL (Specify) 9 NOV 1957 BAYS/CREMATORY 22d. LOCATION (City, town, or couply) (State REMOVAL (Specify) 9 NOV 1957 BAYS/CREMATORY 22d. LOCATION (City, town, or couply) (State REMOVAL (Specify) 9 NOV 1957 BAYS/CREMATORY 22d. LOCATION (City, town, or couply) (State REMOVAL (Specify) 9 NOV 1957 BAYS/CREMATORY 22d. LOCATION (City, town, or couply) (State REMOVAL (Specify) 9 NOV 1957 BAYS/CREMATORY 22d. LOCATION (City, town, or couply) (State REMOVAL (Specify) 9 NOV 1957 BAYS/CREMATORY 22d. LOCATION (City, town, or couply) (State REMOVAL (Specify) 9 NOV 1957 BAYS/CREMATORY 22d. LOCATION (City, town, or couply) (State REMOVAL (Specify) 9 NOV 1957 BAYS/CREMATORY 22d. LOCATION (City, town, or couply) (State REMOVAL (Specify) 9 NOV 1957 BAYS/CREMATORY 22d. LOCATION (City, town, or couply) (State REMOVAL (Specify) 9 NOV 1957 BAYS/CREMATORY 22d. LOCATION (City, town, or couply) (State REMOVAL (Specify) 9 NOV 1957 BAYS/CREMATORY 22d. LOCATION (City, town, or couply) (State REMOVAL (Specify) 9 NOV 1957 BAYS/CREMATORY 22d. LOCATION (City, town, or couply) (State REMOVAL (Specify) 9 NOV 1957 BAYS/CREMATORY 22d. LOCATION (City, town, or couply) (Specify) (Specify) (Specify) (Specify) (Specify) (Specify	· (C.
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BULLEAU V. S.

MARIE M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12280 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	7 10 10 0 4							Reg. 1	Dist. No	3. 6	
1. PLACE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE [Where decoused lived. If institution selections before odmission] STATE VICTOR TOWN (if outline corporate limit, write RURAL and give nearest town) D. CITY OR TOWN (if outline corporate limit, write RURAL and give nearest town) D. CITY OR TOWN (if outline corporate limit, write RURAL and give nearest town) D. CITY OR TOWN (if outline corporate limit, write RURAL and give nearest town) D. CITY OR TOWN (if outline corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (if outline corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (if outline corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (if outline corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (if outline corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (if outline corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (if outline corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (if outline corporate limits, write RURAL and give nearest town) D. STATE D. COLOR TOWN IN THE SURAL AND											
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			pital, give street address	"	_	th S	treet S	1		ON	A FARM?
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5. SEX		E 7. MARRIE	D NEVER MARRIED	8. D		1	9. AGE (In yours		R TYEAR	IF UND	ER 24 HRS.
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15. WAS DECEASED		4		17. INFO	PRMANT Paulon	A 5.	Address X		2 5.	~ '4	2
18. CAUSE OF D	EATH [Enter only one o	ouse per line f							INTE	RVAL BETW	EEN
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PRIMARY TO OF CAUSE OF DEAT	CONTRIBUTING []			· ·							
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	amer	74	don	X^						DATE 1	SIGNED
EXAMINER'S NAME (Type)	James I.	Total	0		ASSISTANT MEDIC DEPUTY MEDICAL		_	17/7	/37		
	TION, 226. DATE THERE	OF	22c. NAME OF CEMETE	RY OR CR	EMATORY	22d. LOCA	TION (City, town,	or county)		(State	e)
Burial	^(h) 11-12-		Arlingto) T.T.	4.4-		t Myer			a	
23. EUNERAL DIRECT			ADDRESS W		1-61 - 1240. REC'	D BY REGIS	TRAR 24b. JEGI	STRAR'S SI	GNATU	RE	0 00
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VS. A15ME(5) 5M 9/55

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BUREAU V. S.

VOV 12 1957

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12279 12243 **CERTIFICATE OF DEATH** Rea. Dist. No. wih director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) COUNTY filed o STATE **b.** COUNTY MARYLAND Prime Georges arvland rince Georges death; 6 b. C.TY OR TOWN (If outside corporate limits, write 8 c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) RURAL and give negrest town) plnods Cheverly dav. Riverdale d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince Georges Gen. Hospital YES NO 1 Carters Lane pup 2. NAME OF First Middle Lost 4. DATE Month Yeor Day B DECEASED OF (Type or print) Mary Tabbs November 19 57 within 5. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS B DATE OF BIRTH 9. AGE (In years lost birthday) Months Days remale Negro WIDOWED DIVORCED [papers. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) S. A. puo VA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martha Churlin Conten 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Dailev 2007 Md. Ave., **__ttending** Viola 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) LLOX that DUE TO à mit. ony Conditions, if any, which gned gove rise to immediate 2.5 DUE TO couse (a), stating the underand lying couse lost. PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179, WAS AUTOPSY PERFORMED? YES NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) [County] (State) foctory, street, office bldg., etc.) Hour e. n. While Not while at work at work p. m. 21. I certify that I attended the deceased fram. Lithat I last saw the deceased and that death occurred at 3:15 PM, fram the causes and an the date stated above. Ö. DATE SIGNED DIRECT **ACTUAL** SIGNATURE should FÜNERAL I PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) D.C. Washington, 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BECEINED

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BUREAU V.



BUREAU V. T.

FOR STATE MEALTH DEPT i. If any delay is necessary, please more relatively for your files. The state of
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12283 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12282

_		Reg. Dist. No.
1	1. PLACE OF DEATH	UAL RESIDENCE (Where deceased lived If institution Segidence before admission)
	O COUNTY Driver (SCORES MARYLAND)	STATE THE & COUNTY P. C.C.
	b CITY OR TOWN (If out de corporate him to write RURAL! C LENGTH OF STAY IN 16 c	CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town)
	end give negrest fown)	6/2000/000
-	d NAME OF HOSPITAL OF INSTITUTION (If not in hospita), give street address)	STREET ADDRESS
	1//2 - 1/2/2 4 4	ON A FARM
=		COOSTAY JI VES NO EL
3	3. NAME OF DECEASED First Middle	Lost 4 DATE Month Doy Year
	(Type or print) JOHNYY H. 11967	Spagn DEATH NOC 10 1857
5	5. SEX 6 COLOR OR RACE 7 MARRIED 1 NEVER MARRIED 1 8 DATES	The state of the s
	1 1 Ochy WIDOWED DIVORCED CE	9 4 840 67 yrs Months Days Haurs Min
1	10e. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 during most of working life, even if retired)	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	12 12000	her.
	13. FATHER'S, NAME /-/.	OTHER'S MAIDEN NAME
	Jain E/115on /	dura Prictor
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INFORMA	
	[Yes, no. or unknown] (If yes, give wer of doles of terrice) 217-67-1863	Tary C. Thompson Glandet
-	18. CAUSE OF DEATH [Enter only one couse per liged or (a), (b), and (c).]	Interval estates
	PART 1 DEATH WAS CAUSED BY:	CINSET AND DEATH
	IMMEDIATE CAUSE (o)	i jacopa
	DUE TO	2
	Conditions, if ony, which by the specific course to immediate course	HSD .
	(a), stoting the underlying DUE TO	
1.	coure lost (c)	A self-shipping to a self-shippi
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	NIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?
	3	YES NO Z
1	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20th DESCRIBE HOW INJURY OCCURRED (Enter note) CAUSE OF DEATH.	ire of in ury in Port Lor Part II of item 18)
	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCLURED 20e PLACE OF IN While Not while factory, street of work of work	VIURY (Home, form. 201 (City or town) (County) (State)
	Hour a. m. 19 While Not while tackory, street	The state of the s
	21. I certify that I taak charge of the remains described above, he	ld an Autopsy , Inspection , Inquiry , and in my
\perp	apinion death resulted fram. Natural causes 27. Accident .	The state of the s
	4/	En Side Connect States
	SIGNATURE Henry (1. This may	CHIEF MEDICAL EXAMINER
		ASSISTANT MEDICAL EXAMINER [] //// 57
	EXAMINER'S Hard	DEPUTY MEDICAL EXAMINER
-	220 BUR AL CREMATION 226 DATE BEFFOR 1220 NAME OF CEMETERY OF CREMAT	And the state of t
	REMOVAL (Specify) 11-12-57 HAVI Finm.	111 111000000 11101
-	23 FUNERAL DIRECTORIS SIGNATURE ADDRESS	1 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
	KIMM S. Washinita 41,7 M of M	
Ļ	The state of the s	DANDV 1 3 '57 COLE ROLL

TO DEBUTY MEDICAL EMAMINER. This cerviticate should be executed within 24 hours ofter Electh. If cexecute the certificate writing the ward "pending" in pending lifem, 18. Give Poggas 1, 2, on 8 3 to 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 more NERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with designated agent, prior to burial, cremotian, or removal, and in any event within 27 hours as VS A15ME 5M 2 57

NOV 13 1967

PUREAU V. S.

		12244 CERTIFIC	CATE OF DEATH Reg. Dist. No. / 0
25	1. (LACE OF DEATH . COUNTY MARYLANE	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE (C) b. COUNTY FS Charles
		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
77		Chever v. 1.d. 10 Day NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d street address (See birth cont.) e. is resident ON A FARM YES NO.
_	3	Prince George General NAME OF First Middle SECRASED Christi Christi	1 1 4. DATE Month Day Year
r s	5. 9	Settor California	
5/	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INIduring most of working life, even if retired)	
Ž.	13	ATHER'S NAME & Thompson	14 MOTHER'S MAIDEN NAME 12 By Reg
0		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17	who mant of thousand B. C. Oliver
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY PCRITONITY	= ILEUM
	HEICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B 200. ACCIDENT WAS UNDERLYING TO 200. DESCRIBE HOW INJURY OCCUR	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORMED YES NO RED. (Enter noture of injury in Port I or Port II of item 18.)
	MEDICAL CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PLACE OF INJURY IHame, form. 20f (City or town) {County} (5 factory, street, affice bldg., etc.)
		21. I certify that I attended the deceased fram. 11-19 alive an 12-28, 19-57, and that dec	th accurred at 4:45P M, from the causes and an the date stated of ADDRESS (Street, city or town, state)
1		PHYSICIAN'S NAME (Type)	Hyattoulle, Mol
1		BUR AL, CREMATION, 226. DATE THEREOF 22. NAME OF CEMETERY REMOVAL (Spec (y) 1/- 20-57 AT THESE PROPERTY ADDRESS ADDRESS	OR CREMATORY 72d LOCATION (City, town, or county) 15tote) 12d REC'D BY REGISTRAR 24D REGISTRAR'S SIGNATURE)
. 1		Orehart me Toplata	mol, DATE 12/3/57 Julia Hasi

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STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a COUNTY g STATE IL COUNTY ALABYI AMD b. CITY OR TOWN III outside corporate limits, write C LENGTH OF STAY IN IN c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) Huntsfield d. NAME OF HOSPITAL (If not in haspital, give street address) STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TO NAME OF Middle DATE Year DECEASED OF (Type or print) DEATH 19-S. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED B DATE OF RIPTH lost birthday) Months Days Hours Min WIDOWED M DIVORCED [7] VIS. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life even if retired) iii AURTHPLACE (State or foreign country) 12 CITIZEN OF WHAT-COUNTRY? H 01 14 MOTHER'S MAIDEN/NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) 4 . 11.4 DHE TO Conditions, if ony, which ! gave rise to immediate DUE TO couse (a), stating the underlying couse last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? YES NO.2 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. [City or town] Day. Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) a. m While Not while of work of work 19 2 that I lost saw the deceased 21. I certify that I ottended the deceased from. olive on and that death occurred ot_____M. from the causes and on the date stated above. DIRECTOR ADDRESS (Street, city or town, state) ACTUAL SIGNATURE DECEMBER NAME (Type) C 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (State) REMOVAL (Specify) 0 FLINERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D 8Y/REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECEINED

BUREAU V. S.

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	12285 CERTIFICATE OF DEATH Reg. Dist. No.
	1. PLACE OF DEATH O. COUNTY O. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE D. COUNTY O. STATE O. COUNTY O. COUNTY O. STATE O. COUNTY O.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RURAL and give nearest fown) 4 12 May 4 1 2 May 14 1 2 May 1
1.	d. NAME OF HOSPITAL (If not in hospital, give street address) ORANS (ITUTION ON A FARM? YES \(\) NO \(\)
	3 NAME OF DECEASED (Type or print) Signature of DeceaseD (Type or print) A DATE Month Day Year OF DEATH 7/01 4 195
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE [In years IF UNDER LYEAR IF UNDER 24 AR Nonths Days Hours Min.
r	100. USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 1. BIRTHPLACE (Stote of foreign country) 12 CITIZEN OF WHAT COUNT during most of working life, even if retired) (SA)
	13. FATHER'S MAIDEN NAMES 14. MOTHER'S MAIDEN NAMES Julia Unlesson
١,	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service) Address Address Address Address Address
	IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) (C C C C C C C C C C C C C C C C C C
	Conditions, if ony, which gove rise to immediate
	cosse (a), stating the under. DUE TO Iying couse lost. (c) () (
and a	PERFORMED?
	200 ACCIDENT WAS DINDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year Hour o. re. 19 20d INJURY OCCURRED While Not while at work of work of work 19 20d INJURY OCCURRED Hour o. re. 19 20d INJURY OCCURRED While And work 19 20d INJURY OCCURRED Hour o. re. 19 20d INJURY OCCURRED Hour o. re.
	21. I certify that I attended the deceased fram 100 1953, to 101. 4, 190 1 that I last saw the deceased alive on 110 4, 190 2, and that death occurred at 720 M, fram the causes and an the date stated about
J.	ACTUAL SIGNATURE TO TOWN, STORE ACTUAL SIGNATURE M.D. THE SIGNATURE
1	PHYSICIAN'S PALLE GILAN RATTA LUCILIANO TO
	220. BURIAL, CREMATION 22b. DATE THEREOF, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 220. BURIAL, CREMATION 22b. DATE THEREOF, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REGISTRAR 24b REG

Burlang & S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12286 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institutions-Residence before admission) a. COUNTY b. COUNTY > MARYLAND b. CITY OR TOWN (If pulsiple corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outlide corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION not in hospital, give street address) d. STREET ADDRESS -- IS RESIDENCE ON A FARM? YES NO M NAME OF 4. DATE Year Manth DECEASED DEATH (Type or print) 19 5 9. AGE (n years 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER 24/HRS. IFUNDER TYEAR Months Days Haurs Min. WIDOWED A DIVORCED [yrı. SIRTHPLACE (State or foreign country) IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dotes of service) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119, WAS AUTOPS PERFORMED? YES 🖅 NO F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), Conditions, if any, which I gave rise to immediate couse (a), stating the underlying couse last. NO CERTIFICAT 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) a.m. While Not while at work all work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy [7] Inspection [7] Inquiry 17, and find that death resulted from: Natural causes Accident Suicide . Homicide . Undetermined cause ATT STREET ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER [P] NAME (Type) 22c. NAME OF CEMETERY OR CHEMINEDEN 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, lown, or county) (State) 1/23/57 Congressional Washington D. C. 23. FUNERAL DIRECTOR'S SIGNATURE 240. REGIOLAY, REGISTRAR 246. REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville Md. DATE

VS. A15ME(5) 5M 9/55

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12246 buriol, cremation 4 should please PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY O. STATE Prince Georges Marvland MARYLAND any deloy is necessary. B. CITY OR TOWN (Il outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park Riverdale D.O.A. gistrar prior to funeral director. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS LeLand Memorial Hospital your files. NAME OF Eileen Middle DECEASED 4 1 2 7 7 7 Denise (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED white Female WIDOWED [retaine 2 with DIVORCED F 2, ond 3 to within 24 hours after death puo Poge 5 may be 13. FATHER'S NAME Give Pages 1, File pages Claude Raymond West 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dotes of service) permit. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) e along with fa a burial-transit **DUE TO** Canditions, if any, which shauld be gove rise la immediate cause **DUE TO** (a), stating the underlying pending in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH ő CERTIFICATION used 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 206. DESCRIBE HOW INJURY OCCURRE CAUSE OF DEATH. DEPUTY MEDICAL EXAMINER: This writing the word MEDICAL 20d, INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year grworded to the Chief Medical FUNERAL DIRECTOR: Page 3 st Hour a.m. While Nat while at work at work p. m. 21. I certify that I took charge of the remains described cartificate, writing of the Chief A death resulted from: Notural causes ACTUAL SIGNATURE **EXAMINER'S** cut≡ th≡ John T. Maloney, M.D. NAME (Type) 22a. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETER BOLY Spicity) Nov 12, 1957 0 Arlington **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE

F. Gasch's Sons Hyattsville, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

Rea, Dist. Na.

Pr. Geo.

9017 50t	h Plac	26		YES [] NO 🚺
Lost	4. DATE	Mon	h		fear
West	DEATH	11-	7-	1	9 57
8. DATE OF BIRTH		9 AGE (In years (or birthday)	IF UNDER TY		ER 24 HRS.
3-25-1954		3 yrs.	Months Da	ys Hours	Min.
DUSTRY 11. BIRTHPLACE (State	or foreign o	country)	12. CITIZEI	OF WHAT	COUNTRY?
Mary	land		U.	S.A.	
14. MOTHER'S MAIDEN N	NAME				
Glor	ia Des	an Wise			
17. INFORMANT		Address			
Claude R. We	st; se	me as #	2.		
				INTERVAL BETWONSET AND DE	EEN ATH
chexia					
ngestive heart	failu	ire			
rminal_pneumon	ia				
BUT NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PART 1(AUTOPSY RMED?
D (Enter nature of injury in Par	l I or Part II	of item 18.)			
PLACE OF INJURY (Home, fam fectory, street, office bldg., etc.		y or town)	(County	')	(Stote)
above, held an Autops	y 📆, 🗆	nspection 🗓	Inquiry	X), and	find that
Suicide, Homicide	36	ndetermined			
CHIEF MEDICAL E	CAMINER [DATE	SIGNED
M.D. CHIEF MEDICALE	_				
DEPUTY MEDICAL	_	-	mber 7	1957	
OR Chemanon		TION (City, Iown,		{Stot	(e)
National		ington \		(210)	,
MON	1-8 0	245. REG		ATURE-	
DATE	2,41	33/		1.	
DATE		7	ames	rever	5
		7		,	

b. COUNTY

VS. A15ME(5) 5M 9/55

BUREAU V. E.

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BECEIVER

VS A15 (4) 15M 9/55 I

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-	BALTIMORE,	18

12289

12247 CERTIFICATE OF DEATH

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Reg. Dist. No.

1, 1	LACE OF DEATH	nce George	95	MARY	- 11	usual residi o. state Marv		e deceased la	b. COUNT			dmission)
		outside corporate fim		c. LENGTH OF STAY	IN 1b	c. CITY OR TO		side corporat				lown)
	Cheve			20 days	×	Temp	le Hi	lls				
	OR INSTITUTION	L (If not in hospital, s	give street	address)		d. STREET AD	DRESS				e. IS	RESIDENCE ON A FARM?
L	Prince	Georges (Gener	al Hospita	1	5773	2	nd St	reet S	E.		S NO
	AME OF	Fit	rst	Middle		Last	4	DATE OF	Me	enth	Day	Yeor
	Type or print)	Anna		1	hitme	r		DEATH	Nov.		1	19 57
5. 9	EX	6. COLOR OR RACE	7 MARR	IED NEVER MARRI	ED 📋 B. D	ATE OF BIRTH		9.	AGE (In year	IF UNDER		INDER 24 HPS
F	'emale	White	WIDOWI	ED DIVORCE	P 🗆 1	7 April	187		86 yr	Months	Doys Ho	ours Min
110a	USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLA	CE (State or	foreign cour	try)	15 CI	TIZEN OF W	HAT COUNTRY?
Ł	Housew	ork	<u> </u>	At Home		Vir	gini	a		U.	S.A.	
13.	FATHER'S NAME				1	4. MOTHER'S A	AIDEN NA	ME				
		Jacob I	onas	\$			Chr	istin	a Wal	ters		
	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	. 17. INFO	RWANT			Ad	dressT em	ple l	11.1.
			5	77-48-53	25 N	ellie	Ball	entin	е,	Washi	ngtor	1, D.C.
				ne for (o), (b), and (c).]		10			. 4	INTERVA	L BETWEEN
Н	PART I. DEAT	H WAS CAUSED BY:	(arcin.	ouca	- 6/	Tau	crea.	a h	rth	tu	oullo
Н	10	DUE TO		0- 0		11			,			
Н	Conditions, if an			Deneral	red 0	WEYA	2 Ch	مردمه				
	gove rise to in couse (o), stating t	mediate		0								
	lying couse lost.) (0	:)									
Ž Q	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	ATH BUT NO	T RELATED TO T	HE TERMINA	AL DISEASE C	ONDITION G	VEN IN PAR	T 1(o) 19. W	AS AUTOPSY ERFORMED?
₽ E												NO [
CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRED. (E	nler nature of i	njury in Pol	t I or Port II	of item 18.)			
MEDICAL	20c. TIME OF INJURY	Month, Day, Ye	or 20d. It	NJURY OCCURRED	20e. PLACE	OF INJURY (He	me, form,	20f. (City or	town)	(0	County	(State)
WED	Hour a. n.	19	While of work	Not while	fectory	, street, office b	idg., etc.)					
		at I attended the			12	, 19 <u>57</u> .,	ha //	-1	10 3	73.61		
П	alive on	of 21	10									the deceased tated above
	dive oil		12	z-/, and mar	deam oc	colted at 1.			ne couses t, city or town		ne date s	DATE SIGNED
	ACTUAL SIGNATURE	fluola	- 9	Ztean	M.D.	901	Sh	eri d	on do	<i>-</i>	11-1	-57
	NAME (Type)					Hy	otto	ville	. N	ed		
220	BURIAL CREMATION REMOVAL (Specify) BUPIAL	II-3-57	OF .	Mount 3	acks		2	Moun	Vicity, lown, Jack		Va	(State)
	FUNERAL DIRECTOR'S	CLONIA TILING										
23.	DINERAL DIRECTOR S	SIGNATURE		ADDRESS		2	4a. REC'D I	BY REGISTRA	R 24b. REG	ISTRAR'S SIG	GNATURE	

BUREAU V. E.

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AND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
12250 CERTIFICATE OF DEATH

12293 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Tringe Co	.Y768		MARYLA	- 11	D STATE		ere decease	d lived. If institut b. COUNTY		ence befo	ore admiss	sion)
b. CITY OR TOWN (II RURAL ond give no	f outside corporate limits,	write	c. LENGTH OF STAY IN	16	A.	OWN (If a	utside corpo	orate limits, write l	RURAL ond	give ne	arest town	n)
Chayanlu			2 Days	Y	7 Wash	T	2.1					
d. NAME OF HOSPIT	AL (If not in hospital, give	street a	oddress)		d. STREET AD	DRESS					e IS RES	SIDENCE L FARM?
	Porreas Come	ral		- 17	35	6119	Star					NO 12
3. NAME OF	First		Middle		Losi		4. DATE	Mo	al.	D		Year
(Type or print)	"":7575"	J. A.			gh' on		OF DEATH		overl	oar	10	19 -
5. SEX	6. COLOR OR RACE 7	MARRI IDOWE		- 1	oct. 30	, 18	77	9. AGE (In years lost bir by)	Months Months	R 1 YEAR	Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATIO	N (Give kind of work dar ing life, even if relired)		CIND OF BUSINESS OR I	INDUSTRY		CE (Stole		ountry)	12. C	U.S		COUNTRY
	116		OWII MORIE							0.0	• 74 •	
13. FATHER'S NAME	W	filc	ox	1	4. MOTHER'S A			known				
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE		OCIAL SECURITY NO.	17. INFO	RMANT				ress			
(Yes, no. Nunknown)	If yes, give wor or dates of servi	(e)	none	Rı	uth Hay	vden		S	ame	as #	2	
In Caties of pea	THE CO. LANSING		1-1-1-1									
PART I. DEAT	TH [Enter anly one cause TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per iiii	eter (a), (b), and (c).	m	mac	are	dias	Paris	ul.		ERVAL BE SET AND	
Conditions, if an	DUE TO	4	lich. a	inh	desc.	B	an	I Kel	Cor	12	6	
gave rise to in couse (a), stating t lying cause last.	mmediate (a	stino &	eli	roli	2 4	Rear	L den	ade.			
PART II. OTH	ER SIGNIFICANT CONDIT	IONS_C	ONTRIBUTING TO DEATH	1 BUT NO	T RELATED TO 1	THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PA	RT I(o) 1	PERFO	AUTOPSY PRMED?
TO GIF EITHER, NOTIFY	S UNDERLYING 1 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESC	RIBE HOW INJURY OCC	URRED. (E	inter noture of	injury in P	ort I or Por	t II of item 18.)				
20c. TIME OF INJURY Hour a. p.	N	20d. IN While of work	Not while	le. PLACE factory	OF INJURY (He, street, office I	ome, form, bldg., etc.	20f. (City	r or town)		(County)		(State)
	at I attended the d			9	10.17	in Re	1N.	10 , 19	24-11	I A		4 .
	w/. 9		and the same of th		17.2.4	/	0	<u></u>	2_, rnor i	IGST SC	aw the	aecease
diffe on)	123	, and that a	eath oc	curred at 2			n the causes		the da	te state	
ACTUAL SIGNATURE	Lucea	- C	2 Han	M.D	200		ani a	treet, city or town	slate) -	1	1-11	ATE SIGNE
PHYSICIAN'S NAME (Type)	ARNOIS	A.	LEARM	D.	Hyo	يكحر	ille	اعدا ا	_			
220. BURIAL CREMATION BENDYAL Pocify)	N, 226. DATE THEREOF 11/13/57		22c. NAME OF CEMETE Cedar Hi	RY OR CE	REMATORY			TION (City, town, itland	or county)		(State	
23. FUNERAL DIRECTOR'S	SIGNATURE		39 Balto.			24g REC'E	5 '57	TRAR 24b. REGI	STRAR'S S	IGNATU	RE	
13,200	7	17	O SECONDATITE	1 114	- 1	DAIL.			XX / 1			
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

12294

						Keg. Dill. I	40.
1. PLACE OF DEATH 6. COUNTY Pri	nce Georg	es	MARYLAND	o STATE	ere deceosed lived. If institution b. COUNT	Prince	Georges
	outside corporate limi grest town)		c. LENGTH OF STAY IN 16	e. CITY OR TOWN (IF a	outside corporate limits, write		
d. NAME OF HOSPIT OR INSTITUTION 6700 Aubi	AL (If not in hospitol, g		oddress)	d. street address 6700 Aubu	rn Avenue		IS RESIDENCE ON A FARM? YES NO N
3. NAME OF DECEASED (Type or print)	ANNA	st	Middle ELIZABETH	YOUNG	4. DATE MC OF DEATH Novemb		Doy Year d., 1957
s. sex Fema le	6. COLOR OR RACE White	7. MARR	D X DIVORCED	Sept.27th,1	877 9. AGE (In year last birthdoy)	Months Doy	AR IF UNDER 24 HRS. S Hours Min.
during most of work Housewil	ing life, even if retired	done 10b.	At home	USTRY 11. BIRTHPLACE (Slote Myersvil		1	OF WHAT COUNTRY?
Henry Melvin	Leatherma	n		Martha E		nichel	
13. WAS DECEASED EVER	NONE	CES? 16.		ohn M. Young	2012 Ridge	Pl.S.	E.Wash.D.
Conditions, if or gove rise to it couse (a), stating lying couse last.	mmediate (, +	to Juite	usoil He	art Deis	ul.	8 yes.
	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE CONDITION G	IVEN IN PART 1(0	19. WAS AUTOPSY PERFORMED? YES NO
	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES0	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Port II of item 18.)		
20c. TIME OF INJUR Hour e. m. p. m.	Y Month, Day, Ye	20d. In While of worl	_ Not while _	PLACE OF INJURY (Home, form foctory, street, office bldg., etc.)		(Coun	ty) (Stote)
21. I certify the alive an	at I attended the	decease , 19		1949 to 4 th accurred at 11:30 M.D. 43/4/	AM, from the causes ADDRESS (Street, city or town ALLATIN	and an the	saw the deceased date stated above DATE SIGNED
PHYSICIAN'S NAME (Type)	AARON	12	1=172, M.	D. HYAT	75, MD.	***	
220. BURIAL, CREMATIO REMOVAL (Specify) Burial		L957		or crematory oln Cemetery	Colmar Mar		· Geo · Co · M
23. FUNERAL DIRECTOR		nv.	ADDRESS Riverdale.		D BY REGISTRAR 246. REC	SISTRAR'S SIGNA	TURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 1SM 9/S5

may be retained by the haspital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed 3 should be detached for use as the burial-transit permit. Then please remove carbon papers registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death.

filled in by the funeral director, ges I and 2 should be filed with

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CERTIFICATE OF DEATH

EUREAU V. S.

40A 58 1025

MEGEINEU EU

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the end "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office along with form PM3. Page 5 mo. Telained for your files.

TO NERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with 5 state 8 board of Health, a designated agent, prior to burial, cremotian, at removal, and in any event within 72 hours offer death.

VS. A15ME 5M 2/57

FOR STATE HEALTH DEPT.

12251

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12295

Reg. Dist. No.

a. COUNTY									
				2. USUAL RESIDENCE (V	Vhere deceas			nce before o	dmission)
	Prince Georg	ges	MARYLAND	o. STATE Mary.	land	b. COUNT	Pri	ince G	orges
b. CITY OR TOWN (If and give negret) fown)	outside corporate hmits, write	FUPAL C. L	ENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corp	porate limits, write	RURAL and	give nearest	lown)
	Cheverly		day	×2 Chever	rly				
d. NAME OF HOSPIT	AL OR INSTITUTION (IF	not in hospital.	give street address)	d. STREET ADDRESS					S RESIDENCE
Prince Ge	orges Gener	ral Hosp	ital	6000 St	ate St	reet			NO 5
3, NAME OF DECEASED	First	1	Middle	Last	4. DATE	Mont	h	Day	Year
(Type or print)	Henry		Oscar	Zorn	DEATH	Novem	ber	21	19 57
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED [B.	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER		NDER 24 HKS
Male	White	WIDOWED -	DIVORCED	5-10-04		53 yrs.	Months	Days Hau	rs Min.
Oa. USUAL OCCUPATION during most of working Cashier and	T		of Business or Industrated	RY 11. BIRTHPLACE (State Switzer		ountry)	12. CITI	U.S.A.	AT COUNTR
3, FATHER'S NAME	Henry O.					Georgo	us)	0000	
5. WAS DECEASED EVE	ER IN U. S. ARMED FOR	and the same of	AL SECURITY NO. 17. IN	FORMANT	00280	Address			
		1211.	-01-0044	Elisa Zorn;	same	as # 2.			
				ound of head				ONSET AND	DENT
(o), stating the u				the second second		w to the second			
PART II, OTH	ER SIGNIFICANT COND	HTIONS CONTRIB	SUTING TO DEATH BUT N	OT RELATED TO THE TERMI	INAL DISEASI	CONDITION GIV	VEN IN PART	PES	FORMED?
3								YES [NON
20g. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	ISE WAS 206			nter nature of injury in Port			fle.	I LES É	NON
	AIKIBOIING []		Self inflict	ted wound wit	h .22	cal. rii	Fle.		(Stote)
20c. TIME OF INJUR	Y Manth, Doy, Year	r 20d. INJUR	Self inflict Y OCCURRED 20e. PLAC	ted wound wit CE OF INJURY (Home, farm bry, street, office bldg., etc.	h .22	cal, ri	(Cou	nly)	(Stote)
8.40 p. m.	Y Month, Day, Year	20d. INJURY White at work	Self inflict Y OCCURRED Not while of work	ted wound wit CE OF INJURY (Home, form bry, street, office bldg., etc. Home	201. (City	cal, ri	Pr.	nty) Geo.	(State)
20c. TIME OF INJUR 8.40 p.m. 21. I certify th	Manth, Day, Year	20d. INJURY White of the remo	Self inflict Y OCCURRED Not white of work ins described above	ted wound wit CE OF INJURY (Home, farm bry, street, office bldg., etc.	ch .22 20f. (City Che	cal. ris	Pr.	nty) Geo.	(State)
20c. TIME OF INJUR 8. LO P. m. 21. I certify th	Manth, Day, Year	20d. INJURY White of the remo	Self inflict Y OCCURRED Not white of work ins described above	ted wound with the property of the state of	ch •22 20f. (City Che y	cal. ri	Pr.	nly) Geo. y Z.	(Stote)
RIMARY 30 or CONCAUSE OF DEATH. 20c. TIME OF INJUR 8.40° p.m. 21. I certify the opinion death ACTUAL SIGNATURE EXAMINER	Manth, Day, Year	of the remo	Self inflict Y OCCURRED 20e. PLAC Not while of work sins described aboves Accident	ted wound wit CE OF INJURY (Home, form rry, street, office bldg., etc. Home ve, held on Autops , Suicide , I	ch 22 207. (City Che y , Ir Homicide AL EXAMINER	cal. ri: or tawn) everly aspection [X]. Undete	Pr. Inquir	nly) Geo. y Z.	(Stote) Md. ond in my
20c. TIME OF INJUR 8 HOUP p. m. 21. I certify the opinion death ACTUAL SIGNATURE EXAMINER SHAME (Type) 20. BURIAL CREMATIO REMOVAL (Specify)	Month, Doy, Year 11-20° 5 not I took charge resulted from: N John T. Maj	20d. INJUR' White of the remo latural cause loney, M	Self inflict Y OCCURRED 20e. PLAC Not while of work Sins described aboves Accident D. NAME OF CEMETERY OR O	Led wound with the property of the property of the bldg., etc. Home ve, held on Autops ASSISTANT MEDICAL EXASSISTANT MEDICAL STANT MEDICAL	22 201. (City Che y, Indicated the control of t	cal ri or tawn) everly ispection [X] . Undete	Pro- Inquirermined member	nly) Geo. y 3. nonner DA1 21, 13	(Stole) Mde and in my stole stole S57 late)
20c. TIME OF INJUR 8.40 p.m. 21. I certify the opinion death ACTUAL SIGNATURE EXAMINER SIGNATURE EXAMINER (Type) 20. BURIAL CREMATION	Month, Doy, Year 11-20° 5 not I took chorge resulted from: N John T. Maj N, 22b. DATE THEREOF 11/25/5	20d. INJURY White of work of the remo datural cause loney, M F 57 F 67	Self inflict Y OCCURRED 20e. PLAC Not while of work Sins described aboves Accident D. NAME OF CEMETERY OR O	ted wound wit THE OF INJURY (Home, form rry, street, office bidg., etc. Home ve, held on Autops M.D. CHIEF MEDICAL EX ASSISTANT MEDICAL CREMATORY COME TETY	ch .22 201. (City Che y , Ir Homicide AL EXAMINER D 22d. LOCAT Prine	cal ri or tawn) everly ispection [X] . Undete	Pro- Inquirermined member or caunty)	Oco. y Z. nonner [DA1 21, 13	(State) Mde and in my state State State Mde and in my late State

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